

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

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1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis(No. 5231 Lindenwood Ave.)

File No.

Registered No.

2306

St. Ward)

2. FULL NAME Katie E. Jones(a) Residence, No. 5231 Lindenwood St., 74 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oren G. Jones6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1862

7. AGE YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin13. NAME William J. Powers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada17. INFORMANT Oren G. Jones
(ADDRESS) 5231 Lindenwood Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 3-7-3619. UNDERTAKER Kriegshauser Montuaries
(ADDRESS) 4228 So. Kingshighway20. FILED J. F. Bredeck
MAR 2 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-193622. I HEREBY CERTIFY, That I attended deceased from 2/14, 1936, to 2/28, 1936I last saw him alive on 2/28, 1936. Death is saidto have occurred on the date stated above, 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. myocarditis
Asthma

Date of onset

Feb 6, 1936Age

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Berg, M. D.(Address) 253 N. Breaker St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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