APR 11 1936

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

Do not use this space.

12581

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Barnes Hosp. St. ..... Ward)

File No. .....

Registered No. 2614

2. FULL NAME Lula Anne Jones

(a) Residence, No. Winchester, Ky. St. N.R. Ward. Winchester Ky
(Usual place of abode) (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1909

7. AGE: YEARS 26. MONTHS 9. DAYS 23. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher.
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) Winchester, Ky

FATHER

13. NAME Roger Jones,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Ky.

MOTHER

15. MAIDEN NAME Nannie Irwin.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Ky.

17. INFORMANT (ADDRESS) Stella Jones. Winchester Ky.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winchester Ky. DATE Mch - 9th, 1936

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons. #4449 Olive St.

20. FILED MAR 9 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 8 - , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3 - 4 - , 1936, to 3 - 8 - , 1936

I last saw her alive on 3 - 8 - , 1936. Death is said to have occurred on the date stated above, at 11 10 P.m.

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

	Date of onset
Cyst of lung	?
Non Malignant	
Non TB cause unknown	

Other contributory causes of importance: 41 b

Name of operation Lobectomy Date of 3-7-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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) L. R. Richardson, M. D.

(Address) BARNES HOSPITAL

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

Do not use this space.

12581

File No. ~~12851~~

Registered No. 2614

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Barnes Hosp ..... St. ..... Ward)

2. FULL NAME Lula Anne Jones

(a) Residence, No. ..... St., ... Ward. Winchester, Ky
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	S

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-[illegible]-1909

8. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	26	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

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

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) Ky

13. NAME OF FATHER Roger Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME OF MOTHER Nannie Irwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Stella Jones
(ADDRESS) Winchester Ky

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winchester Ky DATE 3-9-1936

19. UNDERTAKER Lupton
(ADDRESS) [illegible] Olive

20. FILED 3-9-1937 J. F. Bradley [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1936, to 3-8-1936

I last saw him alive on 3-8-1936. Death is said to have occurred on the date stated above, at 11:10 p.m.

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

	Date of onset
Cyst of Lung	
No evidence of malignancy or tuberculosis	
N.M.O.	

Other contributory causes of importance:

Name of operation Lobectomy Date of 3-7-36

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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) L. F. Richardson, M. D.

(Address) Barnes Hosp

S-12581