WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 5 1936

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

Do not use this space.

21037

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5243

City St Louis (No. 2622 Clark ave St. ..... Ward)

2. FULL NAME Emma Jones

(a) Residence, No. 2622 Clark St., 6th Ward. 22
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pat Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-3-1886

7. AGE: YEARS 50 | MONTHS 0 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Alabama

FATHER

13. NAME: West Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

MOTHER

15. MAIDEN NAME: Lizzie Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): Pat Jones 2622 Clark

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk DATE May 17, 1936

19. UNDERTAKER (ADDRESS): A. Grissell Und. Co. 2432 Pine St.

20. FILED MAY 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from MAY 10, 1936 to MAY 14, 1936
I last saw her alive on MAY 14, 1936 Death is said to have occurred on the date stated above, at 4:50 P.m.
The principal cause of death and related causes of importance were as follows:

DIABETES MELLITUS — Date of onset MARCH 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? URINALYSIS 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) W. H. G. Clark, M. D.
(Address) 1406 N. GARRISON

M-3-28-35