

NOV 4 1936

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

Do not use this space.

39763

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *791*
Township.....*mo*..... Primary Registration District No. *1003*
City.....*mo*..... (No. *3807 Cook ave*)

File No.
Registered No. *10810*
St. Ward)

2. FULL NAME

Agnes Jones
(a) Residence, No. *3807 Cook ave* St., *11* Ward.
(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 <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Morgan Jones</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>about - 1858</i>		
7. AGE YEARS <i>about - 78</i>	MONTHS <i>-</i>	DAYS <i>✓</i>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<i>None wife</i>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson Miss*13. NAME *Richard Rose*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*15. MAIDEN NAME *Engleheart*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*17. INFORMANT *Ruth Hughes*
(ADDRESS) *3807 Cook ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington park* DATE *10.29* 193619. UNDERTAKER *Manuel and Co*
(ADDRESS) *4052 Jimmy ave*20. F *OCT 29 1936* *JT Bredeck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 26* 193622. I HEREBY CERTIFY. That I attended deceased from *Oct. 11* 1936 to *Oct. 25* 1936I last saw her alive on *Oct. 25* 1936 Death is said to have occurred on the date stated above, at *3:30 p. m.*

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

*Carcinoma of pylorus*Other contributory causes of importance: *H&B*Name of operation Date of
What test confirmed diagnosis? *Clinical* 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) *JT Bredeck*, M. D.(Address) *4101 Washington*

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.

Sumner
at Washington