

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.

DEC 3 1936

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

Do not use this space.

43130

1. PLACE OF DEATH

County.....

Township.....

City St. Louis

~~SUPPLEMENTARY~~ 91

Registration District No.....

Primary Registration District No.....

(No. City Hosp # 1)

File No.....

Registered No. 11706

St. Ward)

2. FULL NAME

Viola Jones

(a) Residence, No. 1112 Hedley St. 25 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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 Andrew Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 5 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 9 19

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

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) Tenn.

13. NAME Washington Driver

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

15. MAIDEN NAME Lula Bell

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

17. INFORMANT (ADDRESS) Ruby Perdeau
2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville Ark. DATE 11/28/36

19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co.
4202 Finney Ave.

20. FILED NOV 27 1936 W. Bredeek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 9 - 1936 to 11 - 24 - 1936

I last saw her alive on 11 - 24 - 1936 Death is said to have occurred on the date stated above, at 3:20 AM.

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

Enteritis 11-9-36
Bacillary dysentery
Other contributory causes of importance:
136

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) J. Owen Blache, M. D.
(Address) 2945 Lawton

APR 27 1950

MAR 20 1950