

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 26 1936

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

Do not use this space.

48331

1. PLACE OF DEATH
County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3p36
City St Charles (No. 415, Wood St) St. _____ Ward _____

2. FULL NAME Infant Jones
(a) Residence, No. St Charles St. _____ 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.

File No. _____
Registered No. 90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 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 13th 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) St Charles Mo

FATHER
13. NAME Wayne Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Peters Mo

MOTHER
15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

17. INFORMANT Mary Jones
(ADDRESS) 415 Wood St St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE 5-13-36

19. UNDERTAKER H B Dallmeyer
(ADDRESS) 800 N 2nd St St Charles Mo

20. FILED 5/13 36 St Charles Mo
St Charles Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stideman Date of onset _____

Other contributory causes of importance:
While using a large trap, she struck her pelvis in abdomen with handle of trap
Name of operation _____ Date of _____
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? Accident Date of injury May 11, 1936
Where did injury occur? St Charles Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury using a trap
Nature of injury abdominal injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Address]

