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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4122

Township ..... Primary Registration District No. 1003 Registered No. 1165

City St. Louis, Mo (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Clara K. Jones

(a) Residence, No. 2600 N. Newstead St., 11 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	10	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Storekeeper 165

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): Louisiana 2

FATHER

13. NAME: John Block

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana 2

MOTHER

15. MAIDEN NAME: Clara Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana 2

17. INFORMANT (ADDRESS): R. Perdeau, 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Jan 26 37

19. UNDERTAKER (ADDRESS): Chas J Gates, 4109 Finney Ave

20. FILED JAN 26 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Jan. 21, 1937

I last saw her alive on Jan. 21, 1937. Death is said to have occurred on the date stated above, at 1:05 P.M.

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

	Date of onset
Hypertensive Heart Disease	1-1-37

95 b²

Other contributory causes of importance

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? ..... 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) W. L. Lewis M. D.

(Address) 2945 Lawton

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.