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.

REC'D APR 11 1938

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

9161
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1203 Registered No. 2750

(c) City St. Louis, Mo. (d) Street No. 2945 Thomas St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Isabella Williams Jones 520

(a) Residence, No. 2945 Thomas St. St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colorrd

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years About 28; Months; Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as 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) GlennAllen Miss.

FATHER

13. NAME Alex Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GlennAllen Miss

MOTHER

15. MAIDEN NAME Hannah Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GlennAllen Miss.

17. INFORMANT Hamah Scott
(ADDRESS) 2810 Dixson Street

18. BURIAL, CREMATION, OR REMOVAL Glenwood
PLACE GlennAllen, Miss DATE March 22, 1938

19. FUNERAL DIRECTOR A. L. Beal Und. Co.
(ADDRESS) 2726 Lucas Ave

20. FILED MAR 22 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Mar 18, 1938
I last saw her alive on Mar 18, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Trouble,	
Mitral regurgitation,	
131	
Other contributory causes of importance:	
Chronic Nephritis, Cerebral Embolism,	

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? .....
If so, specify .....

(Signed) John N. L. Brennan, M. D.
(Address) 3601 Gravoir

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John E Pope, Licensed Embalmer No. 1463

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. John E Pope

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E Pope

Licensed Embalmer No. 1463

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)