

REC'D JUL 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20147

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008** Registered No. **5286**  
 (c) City **St. Louis** (d) Street No. **2729** **Dayton Street** 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 **Maddell Jones**

(a) Residence, No. **2729 Dayton Street** St. **21**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 **Henry Jones**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20, 1899**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**38 11 18**

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) **7 1938** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tennessee**

FATHER 13. NAME **James Sam Williamson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tennessee**

MOTHER 15. MAIDEN NAME **Elizabeth Cook**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tennessee**

17. INFORMANT (ADDRESS) **Henry Jones 2729 Dayton Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **6/14/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Charles J. Gates 4107-09 Finney Avenue**

20. FILED **JUN 10 1938** **J. B. Beck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 9th, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 18, 1938** to **June 9th, 1938**

I last saw her alive on **June 9, 1938** Death is said to have occurred on the date stated above, at **1:30 m. p.m.**  
 The principal cause of death and related causes of importance were as follows:

**CARCINOMA UTERI** Date of onset **March 1937**

Other contributory causes of importance: **HO**

Name of operation **None** 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 **W. H. G. Clark**, M. D.  
 (Signed)..... (Address) **2650a Franklin Avenue**

**STATEMENT BY LICENSED EMBALMER**

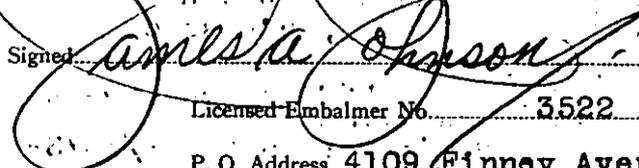
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James Arthur Johnson

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4109 Finney Avenue

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

**If this body is not embalmed, above space should be left blank.**