

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

Do not use this space.

AUG 12 1938

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

**791
1003**

24103

File No.....
Registered No.....
St. Ward)

2. FULL NAME Jones, Leverett

(a) Residence, No. **3031 Madison St.** St. **11** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lavenia Leverett				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15th 1909				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	29	6	12	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Musican
	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) **Tennessee**

13. NAME **Jasper Jones**

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

15. MAIDEN NAME **Mamie Lee Bright**

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

17. INFORMANT **Jasper Jones**
(ADDRESS) **3105 Rutger St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **July 31 1938**

19. UNDERTAKER **J. S. H. Randle & Son**
(ADDRESS) **3133 Bell Ave**

20. FILED **JUL 29 1938** **J. B. Brudeck**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 19, 1938** to **July 28, 1938**

I last saw him alive on **July 28, 1938**. Death is said to have occurred on the date stated above, at **4:45 A.M.**

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

*Hypertrophy & dilatation of heart
& Pericardial effusion*

Other contributory causes of importance:

Thrombosis of left ventricle of heart caused by bronchitis pneumonia

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

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. E. Moore**, M. D.
(Address) **809 N. Jefferson**

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.

I have by certify the Booklet
Recorded on Reverse Side was
Properly Embalmed By
S. J. Water No 2498