REC'D SEP 28 1938

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

Do not use this space.

29870

1. PLACE OF DEATH
County St Charles Mo.
Township
City (No. 302 S Main St. St. Ward)
Registration District No. 757
Primary Registration District No. 303
File No.
Registered No. 119

2. FULL NAME Ella Jones
(a) Residence, No. St Charles Mo 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Sid Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 18th 1888

7. AGE: YEARS 50 MONTHS 8 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Warrenton Mo

FATHER
13. NAME: Henry Heady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trupton Mo

MOTHER
15. MAIDEN NAME: Anna Cofrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln County Mo

17. INFORMANT (ADDRESS): Sid Jones St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton Mo DATE Aug 11th 1938

19. UNDERTAKER (ADDRESS): H C Dallmeyer & Sons Co St Charles Mo

20. FILED 8/10 1938 Clarence G. Nessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Aug 8th, 1938
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

50 5 22

Mitral Insufficiency

Other contributory causes of importance:

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

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? No
If so, specify .....
(Signed) N. H. Tyler, M. D.
(Address) 200 S Main St St Charles Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.