MAR 27 1939

REC'D APR 7 1939

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

Do not use this space.

File No. 12260

Registered No. 553

1. PLACE OF DEATH

County: St. Louis

Township: Bonhomme

City: Richmond (No. ..... St. ..... Ward)

Registration District No. 784

Primary Registration District No. 106

2. FULL NAME: Harrett Jones

(a) Residence, No. 632 East Argonne St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widow

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

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

7. AGE: Years 77 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

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.: —

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): Alabama

FATHER

13. NAME: Ned Pleasant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

17. INFORMANT: Emanuel Johnson
(ADDRESS) 140 Euclid Ave. Webster Groves

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Father Dickson DATE: March 28, 1939

19. UNDERTAKER: Humphries Funeral Home
(ADDRESS) 4808 Delmar

20. FILED: MAR 27 1939, 19 ..... R. Mayfield M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1939, to 3/22, 1939

I last saw him alive on 3/22, 1939. Death is said to have occurred on the date stated above, at 1:45 a.m.

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

Chr. Uremia — Date of onset

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Other contributory causes of importance: Chr. nephritis

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?

If so, specify:

(Signed) G. Lynn Reynolds, M. D.

(Address) Walker Hospital

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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