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

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.

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

Do not use this space.

38448

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11120

City St. Louis Mo. (No. Missouri Baptist Sanitarium. St. ..... Ward)

2. FULL NAME Alvirda Jones.

(a) Residence. No. 4328 Farlin Ave. St., 10 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: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/21/1893.

7. AGE: Years 34 | Months 10 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer): Home.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St, Louis MO.

PARENTS
10. NAME OF FATHER: John C. Mitchel.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois.
12. MAIDEN NAME OF MOTHER: Alvirda Sexton.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

14. INFORMANT: Jno C. Mitchel
(Address) 4328 Farlin Ave

15. FILED: DEC 3 1927 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/10/27 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1927, to Dec 10, 1927, that I last saw her alive on Dec 7, 1927, and that death occurred, on the date stated above, at 7 P. 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paresis Dementia Paralytica (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. J. Farmer M. D.

, 19 (Address) Metropolitan

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Cemetery

DATE OF BURIAL: 12/13/27

20. UNDERTAKER: Provost Und. Co

ADDRESS: 3710 N. Grand