

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

Do not use this space.

32257

1. PLACE OF DEATH

County St Charles Registration District No. 757
Township _____ Primary Registration District No. 3026
City St Charles (No. St Josephs Hospital) St. _____ Ward _____

File No. _____

Registered No. 144

2. FULL NAME

Martha Jones
(a) Residence, No. 513 Decatur St., _____ Ward _____
(Usual place of abode)

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 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 Earl Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24-1868

7. AGE YEARS 63 MONTHS 0 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Unknown

13. NAME James Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Stella Matzick
701 N. 7th St. St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sep 25 1931

19. UNDERTAKER (ADDRESS) H. J. Bloebaum
901 N. 2nd St. St Charles

20. FILED 9/25 1931 Hy J. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Sep 27 1931
I last saw him alive on Sep 27 1931. Death is said to have occurred on the date stated above, at 1 P m.

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

Shock - Surgical
following operation for
Inguinal hernia
87M

Other contributory causes of importance:
MI

Name of operation inguinectomy Date of 9/22/31
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) [Signature] M. D.
(Address) St Charles Mo

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.

OCT 26 1931

