

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.

AUG 23 1935

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

Do not use this space.

25207

1. PLACE OF DEATH *St. Louis*
 County *Crawford* Registration District No. *1123*
 Township *St. Louis* Primary Registration District No. *16248 E*
 City *St. Louis* (No. *Mt. St. Rose* *Saratoga*) St. *232* Ward *()*

2. FULL NAME *Helen Jones*
 (a) Residence, No. *()* St. *()* Ward. *Farmington, Mo.*
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred - yrs. *6* 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) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *()*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *September 17, 1912*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>22</i>	<i>9</i>	<i>17</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Teacher - Factory Worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Shit Factory*

10. Date deceased last worked at this occupation (month and year) *July 1, 1934* 11. Total time (years) spent in this occupation *3 year*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington, Missouri*

FATHER 13. NAME *Zeno Morris Jones*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Farmington, Missouri*

MOTHER 15. MAIDEN NAME *Margaret Ellen Crawford*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Synite, Missouri*

17. INFORMANT (ADDRESS) *Mrs. Zeno Jones, Farmington, Missouri*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Farmington, Mo.* DATE *July 7, 1935*

19. UNDERTAKER (ADDRESS) *Hoppe, Inc., 429 N. 2nd St.*

20. FILED *July 5, 1935* *L. Mowrey* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *January 13, 1935, to July 4, 1935*
 I last saw her alive on *July 4, 1935* Death is said to have occurred on the date stated above, at *7:10 P. M.*
 The principal cause of death and related causes of importance were as follows:
*Chronic fibrocystic bilateral pulmonary tuberculosis
 @ Obstructive P. Leucitis*
 Date of onset *April 1913*

Other contributory causes of importance:
()

Name of operation _____ Date of _____
 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) *John B. Quinn* M. D.
 (Address) *Mt. St. Rose Saratoga*

