

File No.—For State Registrar Only
5964

CERTIFICATE OF DEATH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

1. PLACE OF DEATH
 County of Charleston
 Township of _____
 or
 Loc. Town of _____
 or
 City of Charleston

Registration District No. 9a
 (No. Roper Hospital)

Registered No. 448
 (For use of Local Registrar)
 (If death occurred in a Hospital or institution give its NAME instead of street and number.)
 (Ward)

2. FULL NAME Catherine Jones

Residence In City Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE Married
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

10. DATE OF DEATH
Apr. 8th. 1929
 (Month) (Day) (Year)

6. DATE OF BIRTH
Dec. 11th. 1898
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 12 1922 to Apr 8 1929, that I last saw h. & t. alive on Apr. 7 1929, and that death occurs, on the date stated above, at 2:55 A.M. The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

7. AGE 30 yrs. 3 mos. 19 dys.
 IF LESS than 1 day or min.
 8. OCCUPATION At Home
 (If trade, profession, or particular kind of work, the general nature of industry, business, or establishment in which employed (or employer))

9. BIRTHPLACE (State or Country) Charleston S.C.

(Duration) yrs. mos. days
 (Contributory) Hereditary and Lung and Tubercular
 (SECONDARY)
 (Duration) yrs. mos. days

10. NAME OF FATHER John Sanguinetti

11. BIRTHPLACE OF FATHER (State or country) Italy

12. MAIDEN NAME OF MOTHER Catherine Queen

13. BIRTHPLACE OF MOTHER (State or country) Charleston S.C.

18. Where was disease contracted If not at place of death?
 Did operation precede death? no date of _____
 Was there an autopsy? no
 What test confirmed diagnosis? Tubercle bacilli found
 (Signed) William Smith M.D.
Apr. 8th. 1929 (Address) Charleston S.C.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) T.O. Jones

*State the Disease causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

(Address) 441 Amberst St.

19. Place of Burial or Removal Magnolia Cemetery
 DATE OF BURIAL Apr. 9th. 1929
 ADDRESS
 20. UNDERTAKER J. Henry Stubb Inc.
456 Wentworth St.

15. FILED 4/9 1929 J.M. Newman
 Local Registrar

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms and if possible, the exact statement of OCCASION is very important.

Charleston S.C.