MAR 25 1931

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

Do not use this space.

13862-a

1. PLACE OF DEATH Morgan
County Barton
Township
Bannett Versailles (No. 4354 St. Ward)

Registration District No. 597
Primary Registration District No. ~~5792~~

File No. 7
Registered No. 597

2. FULL NAME Elder W. S. Jeffry
(a) Residence. No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28. 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	2	12	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jno Jeffry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Elizabeth Grindstaff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Dee Rowland
(Address) Pleasant Hill Mo

15. FILED 9/10 1921 W. L. Hether REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1910

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

200B

(duration) ...yrs. ...mos. ...ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ..., M. D.
, 19 (Address)

*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	DATE OF BURIAL
Pleasant Hill	19
20. UNDERTAKER	ADDRESS
W. W. Hon	Pleasant Hill

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Morgan — Registration District No. 597 — File No. 7
Township — Primary Registration District No. 4354 — Registered No.
City Barnett (No. .... St. .... Ward)

2. FULL NAME Elder W. S. Jeffrey
(a) Residence, No. .... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 28-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	60	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
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): Mo

FATHER
13. NAME: Mo Jeffrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Elizabeth Dundshoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Mrs D. C. Rowland
(ADDRESS): Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL: Removed
PLACE: Pleasant Hill DATE: Dec 20, 1930

19. UNDERTAKER: W. W. Hon
(ADDRESS): Pleasant Hill Mo

20. FILED 4/10, 1911 W. L. Hiter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1910

22. I HEREBY CERTIFY, That I attended deceased from ...., 19......, to ...., 19......
I last saw h...... alive on ...., 19....... Death is said to have occurred on the date stated above, at ......m.
The principal cause of death and related causes of importance were as follows: — Date of onset

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Contributory ... Date of ... an autopsy? ... following: ..., 19...
Where ...
Specify whether ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation? ...
If so, specify ...
(Signed) ...., M. D.
(Address) ....

SUPPLEMENTARY

Am able to find Physicians
are coming to this [illegible]
and line of Death was not-on
Superintendent [illegible] came as an
able to [illegible] information