

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

Do not use this space.

9228

1. PLACE OF DEATH

County Jackson
Township Waver
City K.C. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 1-1400
Registered No. 1-1400
St. _____ Ward _____

2. FULL NAME

Julia Jefferees

(a) Residence No. 1012 E. 15th St. 2 Ward _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 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 James J. Jefferees

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 - 1878

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>49</u>	<u>7</u>	<u>5</u>	<u>5</u>	

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas Benton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT James Jefferees
(Address) 1012 E. 15th

15. FILED 3/28, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928

17. I HEREBY CERTIFY That I attended deceased from March 20, 1928, to March 27, 1928 that I last saw her alive on March 26, 1928, and that death occurred, on the date stated above, at 1.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Color Blindness
108
72/10/10
(duration) yrs. mos. da. 4
CONTRIBUTORY (SECONDARY) Organic heart trouble
arterial hypertension
(duration) yrs. mos. da. 2

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? Cerebral disease
(Signed) T. Luntz, M. D.
3/28, 1928 (Address) 2022 1/2 Grand

*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 Mt Washington DATE OF BURIAL March 28 1928

20. UNDERTAKER Rose & Co ADDRESS 15 1/2 Jackson

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.

~~72 prospect~~
26032707h Jackson 1645-