

AUG 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Campbell
City Springfield (No.)

Registration District No. 318
Primary Registration District No. 5439

File No. 23571
Registered No. 504
St. Ward

2. FULL NAME

Stanah Jarrett
(a) Residence, No. R. F. D. #1 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Rachel Britt

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

14. INFORMANT Mrs J. S. Dorsey
(Address) R. F. D. #1

15. FILED 7-11-28 Octorf Mrs.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1928

17. I HEREBY CERTIFY That I attended deceased from May 23, 1928, to July 8, 1928, that I last saw her alive on July 8, 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chs. Cardio-vascular-renal disease
(duration) 1 yrs. 1 mos. 19 ds.

CONTRIBUTORY (SECONDARY) 1240
(duration) yrs. mos. ds.

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? clinical
(Signed) Arthur P. Krabb, M. D.

7-11-28 (Address) 450 1/2 E Commercial

*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

So Maplewood Cem July-11-1928

20. UNDERTAKER W. P. Campbell ADDRESS 869 Washgton ave

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.

1345
- glycom