27 1928

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

Do not use this space.

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No. 24488
Township Township — Primary Registration District No. 3030 — Registered No. 44
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Edward Jefferson
(a) Residence. No. Charleston, Mo. St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 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 Bl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Dowell
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12th 1852
7. AGE Years 75 Months 9 Days 8 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Mississippi

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT X Julia Wright
(Address) X 4209 Wabash ave.
15. FILED July 20, 1928 F S Vernon REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 4 P.M.
16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-19 1928
17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1928, to July 19th, 1928, that I last saw him alive on July 14th, 1928, and that death occurred, on the date stated above, at 4 P.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
162
129a
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Old Age
(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 symptoms
(Signed) Frank S Vernon, M. D
7-19-, 1928 (Address) Charleston Mo

*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 Oak Grove Cemetery — DATE OF BURIAL 7-21 1928
20. UNDERTAKER Lair Und. Co. — ADDRESS Charleston Mo.

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.

Mr. Vernon