

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.

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

Do not use this space.

**JAN 22 1929**

39897 -

**1. PLACE OF DEATH**

County Clay Registration District No. 197  
 Township Gallatin Primary Registration District No. 5276  
 City N.Y.C. (No. Moscow Station)

File No. \_\_\_\_\_  
 Registered No. 69 \_\_\_\_\_  
 \_\_\_\_\_ St. \_\_\_\_\_ Ward

**2. FULL NAME**

Ellen L. Jeffries  
 (a) Residence No. Moscow Station 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace B. Jeffries  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19-1857  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 71 1 19  
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired  
 (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) Iowa

10. NAME OF FATHER Chester Hubbard  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Virginia  
 12. MAIDEN NAME OF MOTHER Mary Dunforth  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mass.

14. INFORMANT Mary P. Watson (Address) N.Y.C.

15. FILED Dec 25 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1928, to Dec 8 1928 that I last saw him alive on Dec 5 1928, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute fatal meningitis of side of head.  
118C  
95B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. 15 minutes

CONTRIBUTORY (SECONDARY) Acute Gastritis.  
Acute acute Indigestion (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? This woman was a restaurant waitress and history difficult to obtain  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical findings  
 (Signed) Henry C. Hagg M. D.  
Dec 9, 1928 (Address) Watts Kansas City, 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 Forest Hill DATE OF BURIAL Dec 10 1928

20. UNDERTAKER W. J. McComer's Sons ADDRESS 211 E. 1st St.

Honour Bldg - N.Y.C.