

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

Do not use this space.

1712

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. St. Marys) File No. 1 Registered No. 304
 SL. _____ Ward _____

2. FULL NAME Dwight L. Jeff
 (a) Residence. No. 1302 West Laurman 5 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. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26, 1918

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,** _____ hrs. or _____ min.
30 | 8 | 29

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Lima Ohio

10. NAME OF FATHER Louis Jeff

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

12. MAIDEN NAME OF MOTHER Emma Edman

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

14. INFORMANT Howard E. Jeff
 (Address) Hume Ohio

15. FILED 1-21-29 M. J. Crook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Jan 20, 1929 that I last saw him alive on Jan 20, 1929, and that death occurred, on the date stated above, at 6:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sept. Meningitis.
Septicæmia. (Mixed)
people. + Culture)
 (duration) _____ yrs. _____ mos. 2 da.

CONTRIBUTORY (SECONDARY) right. Mastoiditis Acute Suppurative
 (duration) _____ yrs. _____ mos. 13 da.

18. WHERE WAS DISEASE CONTRACTED Kans City Mo
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan. 18, 29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Spec. of fluid ex. exam. + Culture
 (Signed) A. H. DeBorja M. D.
1/21, 1929 (Address) 710 Risto Bldg.

*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 Lima Ohio **DATE OF BURIAL** Jan 21 1929

20. UNDERTAKER John W. Wagner **ADDRESS** 1409 Grand Ave

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.

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