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

Do not use this space.

2822-a

1. PLACE OF DEATH

County Pemiscot — Registration District No. ..... — File No. .....

Township Virginia — Primary Registration District No. ..... — Registered No. .....

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Isaac Jefferson

(a) Residence. No. ..... 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: M

4. COLOR OR RACE: B

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-6-29

7. AGE — YEARS: — MONTHS: — DAYS: 2 — If LESS than 1 day, 12 hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Baby

(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): Steele, Mo

PARENTS

10. NAME OF FATHER: Isaac Jefferson

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

12. MAIDEN NAME OF MOTHER: Beatrice Griffin

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

14. INFORMANT (Address): Isaac Jefferson

15. FILED ....., 19..... Max P. Kelley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-6, 1929, to 1-9, 1929 that I last saw him alive on 1-8, 1929, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Flu + pneumonia

11 A

109 A

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Julia Morgan mid wife, M. D

, 19 (Address)

*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: at home

DATE OF BURIAL: 1/9 1929

20. UNDERTAKER: Friends

ADDRESS

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.