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

Do not use this space.

10339

File No. 283

Registered No. 283

1. PLACE OF DEATH

County Greene Registration District No. 318

Township So. Springfield Primary Registration District No. 5440

City Springfield (No. R.R. #1 St. Ward)

2. FULL NAME Harvey Jefferies

(a) Residence. No. R.F.D. No. 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: Male

4. COLOR OR RACE: Colored

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Jennie Jefferies

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

7. AGE: Years about 34 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Mo

PARENTS

10. NAME OF FATHER Arthur Jefferies

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

12. MAIDEN NAME OF MOTHER Easter Enyard

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

14. INFORMANT Pearl Jefferies
(Address) 550 St Louis St

15. FILED 3-30, 1929 Lon Sharp
Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
that I last saw him alive on Mar 28, 19 29, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
1 day
95 30 T A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Dilatation of heart
(duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible] Coroner, M. D.
Mar 30, 1929 (Address) Springfield, 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: Danforth Cem

DATE OF BURIAL: Mar 30 1929

20. UNDERTAKER: W Campbell

ADDRESS: 869 Wash

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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