

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

Do not use this space.

30271

1. PLACE OF DEATH
 County: Emery
 Township: Cape Girardeau
 City: Cape Girardeau (No. Smelterville)
 Registration District No. 125
 Primary Registration District No. 3009
 File No. _____
 Registered No. 20R
 St. _____ Ward _____

2. FULL NAME
Infant Jeffries
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28 1929
7. AGE
 YEARS MONTHS DAYS IF LESS than 1 day, _____ hra. or _____ min.
30 min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant.
 (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) Cape Girardeau Mo
10. NAME OF FATHER Walter Jeffries
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Edgewood Ill
12. MAIDEN NAME OF MOTHER Ruth Perry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
14. INFORMANT Walter Jeffries
 (Address) Cape Girardeau Mo
15. FILED 9/29 29 W. K. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 19 29
17. I HEREBY CERTIFY, That I attended deceased from Sept 28 19 29 to Sept 28 19 29 that I last saw her alive on Sept 28 19 29 and that death occurred, on the date stated above, at 2 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atalectasis
151 R
 (duration) yrs. mos. ds. 30 min.
CONTRIBUTOR (SECONDARY) _____ (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? none
 (Signed) W. K. Campbell M. D.
9/28 29 (Address) Cape Girardeau 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 Faunoy's Cemetery **DATE OF BURIAL** 9/29 19 29
20. UNDERTAKER Father **ADDRESS** Cape Girardeau

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.

PARENTS

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 OCT 23 1929

