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

Do not use this space.
31459

Registration District No. 608
Primary Registration District No.
File No. 28
Registered No.

1. PLACE OF DEATH
County Newton
Township
City Neosho (No. 1804 St. Ward)

2. FULL NAME Geraldine Jeffries

(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1925

7. AGE Years 4 Months 2 Days 5 If LESS than 1 day, hrs. or min.

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

109
99

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Ralph Jeffries
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Eva. Griggs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Ralph Jeffries
(Address) Stella Mo.

15. FILED Oct 12 1929 L. N. Parnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 15 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible] Doctor
under Tatum Rays! for pneumonia
At Sim [illegible] Well [illegible]
(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) ....., 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 Rocky Fort Cem. DATE OF BURIAL Sep 16 1929
20. UNDERTAKER Pogue Funeral Co ADDRESS Wheaton

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.

cated by check marks, [illegible]

Name: Geraldine Jeffries

Who died at: Newton Co on Sept. 15, 1929.

Residence: No. _____ St. Stella Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: Female Color or race: White Single, married, widowed or divorced: Child, Single.

Date of birth: July 10th 1925 Age: Years 4 Months 2 Days 5

Occupation: (a) Trade Child at home (b) Industry: —

Birthplace (State or country) Missouri

Birthplace of father (State or country) Ralp Jeffries Missouri.

Birthplace of mother (State or country) Eva Higgs Missouri.

CAUSE OF DEATH: No certificate from Doctor, Undertaker says he refused to give one. Will investigate why.

Contributory:

~~Bronchial Pulmonary~~ Pneumonia 2nd thought

Where was disease contracted? Stella Mo at home

Did operation precede death? no Date of _____

Was there an autopsy? no What test confirmed diagnosis? _____

Name of physician: C Cardwell

Address of physician: Stella Mo.

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(1928)