

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

Do not use this space.

8335

**PLACE OF DEATH**

County Greene  
Township Boonville  
City Ash Grove (No. \_\_\_\_\_)

Registration District No. 316  
Primary Registration District No. 4191

File No. \_\_\_\_\_  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jamimia Jagger  
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clumba, C Jagger.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>10/4/1852</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>3</u>
		2
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Widow of</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired farmer</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
PARENTS	10. NAME OF FATHER <u>Newton Giles</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Polly Walker</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
14. INFORMANT (Address) <u>Jim Nellie Reynolds Ash Grove MO</u>		
15. FILED <u>5/5 30</u>	REGISTRAR <u>Dr Charles H. Orr</u>	

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6<sup>th</sup> 1930.

17. I HEREBY CERTIFY. That I attended deceased from Dec 1929 to March 1930, 1930. that I last saw her alive on March 1<sup>st</sup>, 1930, and that death occurred, on the date stated above, at unknown a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Endo-Carditis  
131  
92A (duration) yrs. mos. da.

CONTRIBUTORY Chronic nephritis. (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
157/11  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Charles H. W. Haffner, M. D.  
3-6-1930 (Address) Ash Grove 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 <u>Ash Grove Cemetery</u>	DATE OF BURIAL <u>3/7 19 30</u>
20. UNDERTAKER <u>Walker with Ash Grove Mo</u>	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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAY 26 1930

