

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

Do not use this space.

26922

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Raw

Primary Registration District No. 3

City Kansas City

(No. St. Marys Hospital) St. _____ Ward)

File No. 3535

Registered No. _____

2. FULL NAME

(a) Residence. No. 4133 Michigan St. 15 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Martha Louise Jeffords

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16-1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
43 8 19

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Chief Clerk. (b) General nature of industry, business, or establishment in which employed (or employer) M.S. Pac. Ry Co. Over Shortway (c) Name of employer Damaged Dept.

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

10. NAME OF FATHER Wm. J. Jeffords

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

12. MAIDEN NAME OF MOTHER Effie M. Ferron

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

14. INFORMANT Mrs. Martha Louise Jeffords (Address) 4133 Michigan

15. FILED 8/27 1920 M.M. Chowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Aug 25, 1930, that I last saw him alive on Aug 25, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: acute appendicitis

12:15
12:25
12:30 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) General Peritonitis with ganglionic ileum (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 4133 Michigan

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 20 1930

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy findings

(Signed) J. G. Castle M. D.

Aug 20, 1930 (Address) 1001 Chamber Bldg

*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 Mt Mourah DATE OF BURIAL 8-28 1930

20. UNDERTAKER Eular Funeral Home ADDRESS 1800 Linwood

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.

2000

P. L. 511
W. H. R. R. R.
C. J. R. R.