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

Do not use this space.

28872

1. PLACE OF DEATH
County Stoddard
Township Richland
City Essex (No. ..... St. ..... Ward)

Registration District No. 839
Primary Registration District No. 4510.

File No. .....
Registered No. 49-

2. FULL NAME Alice A. De Jarnett
(a) Residence. No. Essex, Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Henry De Jarnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	4	8	

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

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

PARENTS
10. NAME OF FATHER Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Can't say
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Can't say
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Can't say.
(STATE OR COUNTRY)

14. INFORMANT Ivan De Jarnett
(Address) Essex, Mo

15. FILED 8-19 1930 J. P. Brandon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-16, 1930, to 8-16, 1930 that I last saw her alive on 8-16, 1930 and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound
167 (Suicide)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 170
..... (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) J. P. Brandon, M. D.
8-19, 1930. (Address) Essex, 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	DATE OF BURIAL
Essex Cemetary	8/19 1930
20. UNDERTAKER	ADDRESS
C.O. Biggs Mfg. Co.	Dexter, Mo

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.