

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

Do not use this space.

28999

1. PLACE OF DEATH

County Remond Registration District No. 651
 Township _____ Primary Registration District No. 4388
 City Cynthiana (No. _____) St. _____ Ward _____

2. FULL NAME

Bill Jarrell
 (a) Residence, No. 8th Street 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 <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Agnes Jarrell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>I don't know</u>		
7. AGE <u>68</u>	YEARS <u>✓</u>	MONTHS <u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common Labor</u>
10. Date deceased last worked at this occupation (month and year) <u>March 1931</u>		11. Total time (years) spent in this occupation <u>his life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dickson Co. Tenn</u>		
13. NAME <u>George Jarrell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>I don't know</u>		
15. MAIDEN NAME <u>Lendy Jarrell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>I don't know</u>		
17. INFORMANT (ADDRESS) <u>Agnes Jarrell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Morgan Ridge</u> DATE <u>8-7-31</u>		
19. UNDERTAKER (ADDRESS) <u>Eda Martin</u>		
20. FILED <u>Aug 7 1931</u> <u>Eda Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1931

22. I HEREBY CERTIFY, That I attended deceased from May 3-1931 to June 10 1931
 I last saw him alive on June 10 1931. Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
I don't know
Chrom. emulera I don't know
38
38

Other contributory causes of importance:
38

Name of operation _____ Date of _____
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 19____
 Where did injury occur? ✓ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Art Gonyea M. D.
 (Address) Box 69, Cynthiana, Mo.

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

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

