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

Do not use this space.

30525

File No. .....

Registered No. 191

**1. PLACE OF DEATH**

County: Boone — Registration District No. 73

Township: Columbia — Primary Registration District No. 3006

City: Columbia (No. 600, High St. ..... Ward)

**2. FULL NAME** Asael Hiram Jeffrey

(a) Residence. No. 600 High St., ..... Ward. ..... (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

OCT 22 1931

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.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary D. Jeffrey, Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1850

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 81 | - | 6 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): Livestock farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ainsworth

(STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER Asael Jeffrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Thompkins Co., N. Y.

12. MAIDEN NAME OF MOTHER Nancy Stephens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Fayette Co., Indiana.

14. INFORMANT A. A. Jeffrey (son)

(Address) 600 High St., Columbia, Mo.

15. FILED 9/11/ 1931 F. C. Guggett REGISTRAR by Selby

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, 19..., to Sept. 11, 1931, that I last saw him alive on Sept. 11, 1931, and that death occurred, on the date stated above, at 9:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis — Pulmonary edema

131 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 111B

..... (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? Clinically

(Signed) Doug. Lane, M. D.

, 19 (Address) Columbia, 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: Burial at Oregon, Mo.

DATE OF BURIAL: Sept. 13, 1931

20. UNDERTAKER: R. O. Willett

ADDRESS: West Broadway, Columbia