

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

Do not use this space.

File No. 36 4124

1. PLACE OF DEATH
County Cole
2. Township
3. City Jefferson

Registration District No. 213
Primary Registration District No. 3014

Registered No. _____
St. _____ Ward _____

2. FULL NAME Ilda Jeffries
(a) Residence. No. _____ St. _____ Ward Brunley mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

MAR 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 J. B. Jeffries
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16-1871
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
60 6 26
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife ²³⁵
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Candem Co. mo
(STATE OR COUNTRY)
10. NAME OF FATHER Louis Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ya
(STATE OR COUNTRY) Mary Blount
12. MAIDEN NAME OF MOTHER Ya
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

14. INFORMANT I. B. Jeffries
(Address) Brunley mo

15. FILED 2/18/32 W. B. Bradford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1932
17. I HEREBY CERTIFY That I attended deceased from 2/10 1932 to 2/13 1932
that I last saw him alive on _____ 1932, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senecales meningitis
57 59 (duration) 2 yrs. mos. ds.
CONTRIBUTORY Diabetic Coma
(SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Brunley mo
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis
(Signed) W. A. Clark, M. D.
2/13, 1932 (Address) Jefferson City 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 Brunley mo DATE OF BURIAL Feb 14 1932

20. UNDERTAKER A. Dawson Tanner ADDRESS Jo mo

