

48006

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

Do not use this space.

4598

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 4714 Holmes)

Registration District No. 399  
Primary Registration District No. 1002

File No. 449  
Registered No. 449  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 4714 Holmes St. Ward 6  
(Usual place of abode)

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>White</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>Mrs. Cloribel Jeffress</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 17-1886</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sales Representative</u> <sup>136</sup>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Knoblauch Co. N.Y.</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Claude H. Jeffress</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>	
MOTHER	15. MAIDEN NAME <u>Melvia Bowen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Ida Kansas</u>	
17. INFORMANT <u>Mrs. Cloribel Jeffress</u> (ADDRESS) <u>4714 Holmes St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington</u> DATE <u>Feb. 4</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. H. Newcomer's sons</u> (ADDRESS) <u>211 East 9th St.</u>		
20. FILED <u>94</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932 to 2:20 A.M., 1932  
I last saw him alive on 2-2, 1932 Death is said to have occurred on the date stated above, at 2:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
94  
94-10

Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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?  
If so, specify Dr. J. P. Jones, M. D.  
(Signed) \_\_\_\_\_ (Address) 424 E 11th St.

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.

RECORD WITH OUT DRIVING M.K.—THIS IS A PERMANENT RECORD

421 East 11<sup>th</sup> St. (2<sup>nd</sup> floor)

3-5