

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

Do not use this space.

4867

1. PLACE OF DEATH
 County Jackson Registration District No. 382
 Townships Flour Primary Registration District No. 1992
 City Mauson City (No. Drakehurst Hotel) St. _____ Ward _____
 2. FULL NAME Flora Helen Stevenson Jeller
 (a) Residence, No. Drakehurst Hotel, 109 Cass St. 2 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wh</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>Oliver Jeller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16-1857</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</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>And</u>		
13. NAME <u>William Taylor</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Maria Mc Guire</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT <u>Mrs. Mari M. Stevenson</u> (ADDRESS) <u>2609 Myer Blvd. City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cansing Mich</u> DATE <u>Feb-20, 1932</u>		
19. UNDERTAKER <u>Mrs. E. T. Foster</u> (ADDRESS) <u>918 Broadway W.C. Mo</u>		
20. FILED <u>22</u> 19 <u>32</u> M. M. <u>Crowe</u> <u>Asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1932 to Feb 19 1932
 I last saw him alive on Feb 19 1932 Death is said to have occurred on the date stated above, at 11:59 a.m.
 The principal cause of death and related causes of importance were as follows:
Colobal pneumonia
107A
107A
 Other contributory causes of importance:
age
 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? no Date of injury _____, 1932
 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) W E Cramer, M. D.
 (Address) 407 Argyle Bldg
me

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.

all.
Argyle - Vi - 2556