

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

Do not use this space.

7005

1. PLACE OF DEATH

97 County Saline Registration District No. 797
Township MIRIAM Primary Registration District No. 6080
City (No. St. Ward)

2. FULL NAME Arthur Hue Jester

(a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ruby Belle Jester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
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) Mo.

FATHER
13. NAME John Jester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Marshall M. Jester (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE M. H. H. H. DATE Feb 2 1932

19. UNDERTAKER R. D. Campbell (ADDRESS) Marshall Mo.

20. FILED 2-2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1932 to Feb 1 1932

I last saw him alive on Feb 1 1932 Death is said

to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
105 108
Other contributory causes of importance:

Date of onset

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

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 ①

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Marshall M. Jester, M. D.
(Address) Marshall Mo.

N. B.—Every item or 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 5 1932

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