

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

Do not use this space.

**13326**

**1. PLACE OF DEATH**

70 County Montgomery Registration District No. 591  
Township Prairie Primary Registration District No. 5489  
City Middletown (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME** William Edward Jarboe

(a) Residence, No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(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 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 Amanda Bee Jarboe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th. 1856

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
75	10	20	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Farmer</u>
	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) Pike County (STATE OR COUNTRY) 1

FATHER  
13. NAME William Jarboe  
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Rosa Mudd  
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Lily Moore (ADDRESS) Middletown, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Cemetery DATE April 12, 1932

19. UNDERTAKER Jones & Wells (ADDRESS) Middletown, Missouri

20. FILED 4/12/32 R. M. Davidson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1932  
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1929, to Apr 10, 1932.  
I last saw him alive on Apr 10, 1932. Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Spring Intermittent Nephritis  
131  
131  
Other contributory causes of importance: Cerebral Embolism (1)  
Date of onset \_\_\_\_\_

8  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? urinary Was there an autopsy? no

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A. H. Hinch M. D.  
(Address) Middletown, Mo.

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. MAY 26 1932

