

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

Do not use this space.

19165 •

1. PLACE OF DEATH

36 County Franklin Registration District No. 294
Township Central Primary Registration District No. V-409-B
City St. Clair, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Robert Edwin Jeffries

(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. 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 Best Ewen Jeffries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 161

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.

13. NAME S. J. Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Mo.

15. MAIDEN NAME Grace Bowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amunds, New York

17. INFORMANT (ADDRESS) Ben Jeffries

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem, Mo. DATE June 5, 1932

19. UNDERTAKER (ADDRESS) Cady & Co.

20. FILED 6/4 1932 W. E. Kdeler Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1932 to June 3, 1932
last saw him alive on April 29, 1932 Death is said to have occurred on the date stated above, at 5 A. m.

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

Suddenly of Organic Heart Disease
Valvular leakage
myocarditis
Chron. Nephritis

Other contributory causes of importance:

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? _____ 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) C. J. Bridges M. D.
(Address) Box 66 St. Clair, 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.

1932

JAN 25 1950
NOV 16 1949