

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

Do not use this space.

25572

1. PLACE OF DEATH

County Courten
Township Osage
City Gettysburg (No. _____) St. _____ Ward _____

Registration District No. 117
Primary Registration District No. 5167

File No. 12
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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.

Clarence Harold Jeffries

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day or hrs. min.
18 5 1-34

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

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) Holden Missouri

13. NAME Wm. Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Florence Hanna

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

17. INFORMANT (ADDRESS) W. T. Jeffries

18. BURIAL, CREMATION OR REMOVAL PLACE Washington DATE Aug - 10 32

19. UNDERTAKER (ADDRESS) James Casey

20. FILED Sep 10 1932 Lizzie Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th 1932

22. I HEREBY CERTIFY, That attended deceased from was drowned 19____
I last saw him live on 8-1932 19____ Death is said to have occurred on the date stated above, at 732 n.

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

Drowned in the Lake of the Ozarks by stepping over an embankment while in bathing

Other contributory causes of importance 183 183

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 accidentally drowned
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. Parrish, M. D.
(Address) Bagnell 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.

SEP 21 1932

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