

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

Do not use this space.

34613

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirksville, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 177

2. FULL NAME

Betty Lou 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 female 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) Oct. 25 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.
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) Lancaster, Mo. (STATE OR COUNTRY)

13. NAME Paul Jeffries

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

15. MAIDEN NAME Helma Longhead

16. BIRTHPLACE (CITY OR TOWN) Milars, Mo. (STATE OR COUNTRY)

17. INFORMANT Paul Jeffries (ADDRESS) Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE L.O.O.F. cemetery DATE Nov. 7 1932

19. UNDERTAKER John A. Roberts (ADDRESS) Lancaster, Mo.

20. FILED Nov 10 1932 Mrs C. Becken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 6, 1932.
I last saw him alive on Nov 6, 1932. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

anhydromia
158
158
athleptia
Other contributory causes of importance: _____
Date of onset _____

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 _____, 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?
If so, specify PA Stoklen (Signed) _____, M.D.
(Address) Kirksville, Mo.

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.

1933

1932-11-7
1932-10-25

12-