

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

Do not use this space.

6364

1. PLACE OF DEATH

56 County Lewis
Township Union
City Maywood (No.)

Registration District No. 480
Primary Registration District No. 5645

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Harriette Elizabeth Jeffert
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF John Jeffert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1864

7. AGE YEARS 68 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.

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

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
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER FATHER 13. NAME William Bennett

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

15. MAIDEN NAME Remington

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

17. INFORMANT R C Howell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maywood DATE Feb 24 1933

19. UNDERTAKER Chambers Undertaking (ADDRESS) Maywood

20. FILED Feb 24 1933 N. L. Ellery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Feb 23 1933
I last saw him alive on Feb 22 1933 Death is said to have occurred on the date stated above, at 5:05 am

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

Lobar Pneumonia Date of onset 108
131 108

Other contributory causes of importance: Chronic Nephritis and High Blood Pressure

Name of operation none Date of operation
What test confirmed diagnosis? Physical Examination Date of autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none 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 Dr. J. R. Boduchance M. D.
(Signed) Jewistown, Mo.
(Address)

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.

