

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

Do not use this space.

8850

1. PLACE OF DEATH

21 County Phanton
Township Phanton
City Phanton (No. 1)

Registration District No. 178
Primary Registration District No. 524B

File No. 5
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Ulysses Jomel Jeter

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 2 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Macon Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Philip Jeter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Malinda Ann Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT B. F. Jeter
(Address) Byramville Mo

15. FILED 3/21 1933 D. J. Billie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 31 20 1933

17. I HEREBY CERTIFY, That I attended deceased from 2 hrs to 3:30 1933,
that I last saw him alive on 31 20 1933, and that death occurred, on the date stated above, at 7 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
821 Pulmonary Edema
III

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Paralysis right side
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED BY
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. Billie M. D.

3/21 1933 (Address) Byramville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Johnson Cemetery DATE OF BURIAL 3/22 1933

20. UNDERTAKER W. K. Meyer & Co ADDRESS Salisbury

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.
APR 24 1933

Jan 11/66