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.

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

Do not use this space.

22376

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 710

City St Joseph (No. Mercy Hospital St. Ward)

2. FULL NAME Fannie Jeffres

(a) Residence, No. St., Ward. Cameron Missouri
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1863

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 1 | 21 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Livingston Missouri

FATHER

13. NAME Willard Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York New York

MOTHER

15. MAIDEN NAME Mary J Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

17. INFORMANT (ADDRESS) Chas. E Jeffres Cameron Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cameron Mo. DATE July 17, 1933

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union St St Joseph Mo.

20. FILED 7-15-, 1933 John R Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1933, to July 15, 1933

I last saw her alive on July 15, 1933 Death is said to have occurred on the date stated above, at 11:15 A.m.

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

Hemiplegia uremia, — Date of onset July 2

131 82D 137B

131

Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation — Date of

What test confirmed diagnosis? Lab. Was there an autopsy? no

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) Dr Henry Lang, M. D.

(Address) 209-10 Kirkpatrick Ave St Joseph Mo

APPROACH SPINAL MENINGITIS