

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

Do not use this space.

30240

1. PLACE OF DEATH

County Madison Registration District No. 547
 Township Madison Primary Registration District No. 2089
 City Hannibal (No. St. Elizabeth Hospital)

File No. _____
 Registered No. 270 St. _____ Ward _____

2. FULL NAME

John A. Jeffries
 (a) Residence, No. North & Lyon 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16, 1846</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>6</u>	DAYS <u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>Palmyra Mo</u>	
FATHER	13. NAME <u>Hughes B.</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
MOTHER	15. MAIDEN NAME <u>Lucy A. Hall</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
17. INFORMANT <u>Mr. John Jeffries</u> (ADDRESS) <u>Calby Randal</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Olivet</u> DATE <u>Sept. 4th 1933</u>	
19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>if omitted, no</u>	
20. FILED <u>Sept 7 1933</u> <u>St. Elizabeth Hospital</u> Registrar.	

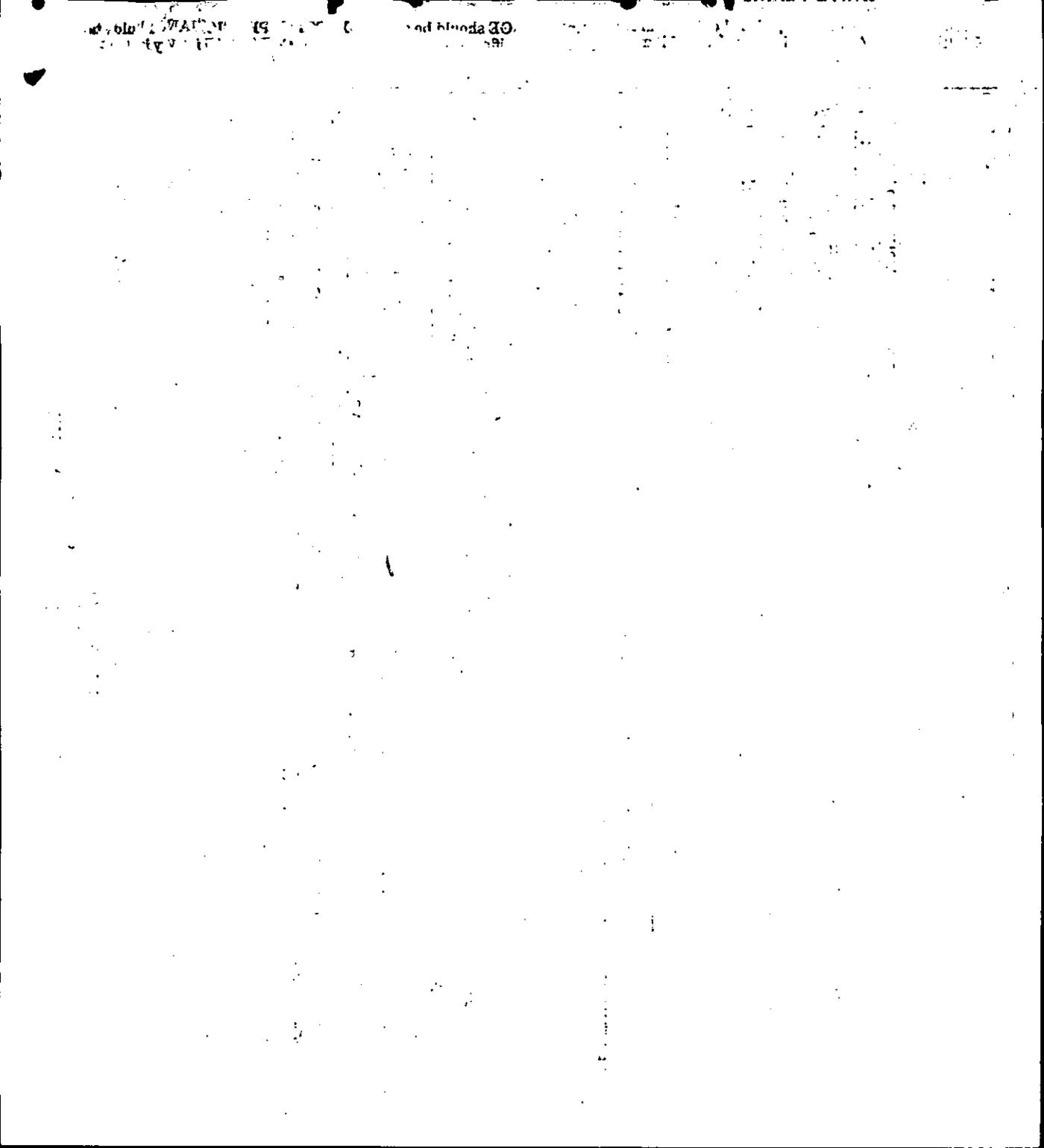
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933 to Sept 1 1933
 I last saw him alive on Aug 31 1933 Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:

Fracture of 6th cervical vertebra
 Date of onset _____
 Other contributory causes of importance:
1933

8. 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify A. P. Cozelle (Signed) _____, M. D.
 (Address) Hannibal 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. OCT 20 1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion
Township
City Kansuibal (No.)

Registration District No. 547
Primary Registration District No. 9029

File No.
Registered No.
St. Ward)

2. FULL NAME

John 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 2 Em. Lueder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the day stated above, at..... m.

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

Fracture of vertebrae Date of onset

Other contributory causes of importance:

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
Nature of injury

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

(Signed) M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-30240