

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

Do not use this space.

35849

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township Fulton Primary Registration District No. 5153
City (No. _____) St. _____ Ward _____

2. FULL NAME

William Anderson Jeffrey
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20, 1963

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 16

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

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) Missouri

MOTHER / FATHER 13. NAME W. H.

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

15. MAIDEN NAME W. H.

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

17. INFORMANT Mrs. Cora Farmer
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fulton, Mo DATE Nov 15 1933

19. UNDERTAKER Geo. Wallace
(ADDRESS) Fulton, Mo

20. FILED Nov 15, 1933 G. M. Crews
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Nov. 8 1933

Last saw him alive on Nov 3 1933 Death is said

to have occurred on the date stated above, at 9 a. m.

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

Ulcular Headache Date of onset _____
Hypertension
General Edema

Other contributory causes of importance:

92A
102

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) A. DeGarrison, M. D.

(Address) Fulton 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.

JAN 3 1934

