

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

Do not use this space.

40714

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal (No.)

Registration District No. 517
Primary Registration District No. 1029
Severing Hospital

File No.
Registered No. 366
St. Ward

2. FULL NAME

John B. Jeffries

(a) Residence, No. 1127 9th St., Ward. (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 <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>Nannie Emma Jeffries</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1 - 1862</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>3</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>Editor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hannibal Courier-Post</u>	
	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>Lewis Co., Missouri</u>		
FATHER	13. NAME <u>Thomas B. Jeffries</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data</u> <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Fucinda Biggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no data</u> <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>John B. Jeffries, Son</u> <u>1107 9th St. Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>Dec 6</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Wm M Smith</u> <u>712 13th Hannibal, Mo.</u>		
20. FILED <u>Dec 11</u> 19 <u>33</u> <u>R. H. Schuster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1933 to Dec 4 1933

I last saw him alive on Dec 4 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Paraplegia

Date of onset Nov 28, 1933

Other contributory causes of importance:

Arterio-sclerosis 1933

Name of operation none Date of no

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) J. B. Schuster, M. D.
(Address) 500 Broadway

Hannibal, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

