

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

Do not use this space.

12118

5  
1  
1  
PER 27 1934

**PLACE OF DEATH**

County Pettis

Registration District No. 664

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4397

Registered No. 3

City Green Ridge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

Joseph DeJarnett

(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 Male 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 Ella V. DeJarnett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 4 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His Own

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) Georgetown  
Pettis Co. Mo

13. NAME John DeJarnett

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

15. MAIDEN NAME Clifton

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

17. INFANT (ADDRESS) Mrs Lena Clark  
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Branch DATE Jan 14<sup>th</sup> 1934

19. UNDERTAKER (ADDRESS) W. R. Shelley

20. FILED Jan 12<sup>th</sup> 1934 W. R. Shelley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1933, to Jan 12, 1934

I last saw him alive on Jan 19, 1934 Death is said to have occurred on the date stated above, at 1-A m.

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

Chronic interstitial nephritis  
1311

Date of onset 0.75

Other contributory causes of importance: \_\_\_\_\_

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. A. Hite, M. D.

(Address) Green Ridge, Mo.

STATE OF MISSOURI, COUNTY OF ST. LOUIS, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS. Exact statement of OCCUPATION is very important.

