

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.

49
11
7

MAR 24 1934

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

Do not use this space.

5420

1. PLACE OF DEATH

County Jasper
Township Jeff City
City Jeff City (No. 2)

Registration District No. 417
Primary Registration District No. 3021

File No. 5420
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>James Daniels</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24 1852</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>7</u>
		DAYS
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</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>Carters County Kentucky</u>		
13. NAME <u>Wm. Jarboe</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary C. Jarboe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>James Daniels, Jeff City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Hope Comb</u> DATE <u>Feb 13 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Jeff City Undertaking Co, Jeff City, Mo.</u>		
20. FILED <u>2-13 1934</u> <u>J. L. Craig</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933 to Feb 10, 1934

I last saw him alive on Feb 10, 1934 Death is said to have occurred on the date stated above, at 100 m.

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

Empyema of Right Lung
1100
Other contributory causes of importance
Influenza 1 yr before

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) W. S. Laughlin, M. D.
(Address) Jeff City, Mo.

