MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Polk
Township Madison
City (No. , St. Ward)

Registration District No. 702
Primary Registration District No. 4423 5751
File No. 6104
Registered No.

2. FULL NAME Grace Annis Jeff ries

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 12 1933

7. AGE: YEARS | MONTHS 11 | DAYS 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Fair Play Mo

FATHER
13. NAME James N Jeffries
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

MOTHER
15. MAIDEN NAME Effie Gordon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

17. INFORMANT (ADDRESS) J N Jeffries

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasnt Ridge DATE Feb 25 1934

19. UNDERTAKER (ADDRESS) A B Wright, Fair Play Mo

20. FILED Feb 25 1934 Chas H Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1934, to Feb 24 1934
I last saw her alive on Feb 24 1934. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 3-15-34

Other contributory causes of importance: Pertussis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) Chas H Brown, M. D.
(Address) Fair Play 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.