APR 25 1934

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.

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

Do not use this space.

File No. 8757

Registered No.

1. PLACE OF DEATH
County Howell — Registration District No. 384
Township — Primary Registration District No. 4227
City West Plains (No. , St. Ward)

2. FULL NAME Evalena Jeffries
(a) Residence, No. Rural Rt. #2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 James R. Jeffries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1868

7. AGE 65 YEARS 8 MONTHS 17 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Feb. 14, 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ind.

FATHER
13. NAME Willis Duncan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Ky.

MOTHER
15. MAIDEN NAME Phoebe McMines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terhune, Ind.

17. INFORMANT Mr. James E. Jeffries.
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stuttgart, Ark. DATE Mar. 28, 1934

19. UNDERTAKER Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 3-26 1934 Vida Simms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/27/34, 19..., to Mar. 25th., 1934
I last saw h. er alive on March 25th, 1934. Death is said to have occurred on the date stated above, at 11:..p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning, acute	

Other contributory causes of importance:
Nephritis, Chronic, with acute exacerbation. Bronchial Pneumonia, Acute

Name of operation None Date of
What test confirmed diagnosis? clinical 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. H. Thornburgh, M. D.
(Address) West West Plains, Mo.