

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

Do not use this space.

17604

File No. _____
Registered No. 5-19
St. _____ Ward)

1. PLACE OF DEATH

County Peru Registration District No. 651
Township _____ Primary Registration District No. 4288
City Courtsville No. _____ St. _____ Ward)

2. FULL NAME

(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 Black 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) March 31, 1886

7. AGE YEARS 48 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) Dec. 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alamo Tenn

13. NAME Cisco Jelks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

15. MAIDEN NAME Harrett mafield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) rb

17. INFORMANT (ADDRESS) Kittie Ruckes Halls, Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason cem DATE May 7 1934

19. UNDERTAKER (ADDRESS) Wm. Hardricksville

20. FILED May 15 1934 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1934

22. I HEREBY CERTIFY That I attended deceased from Dec. 15 1933 to May 4 1934

I last saw him alive on May 4 1934 Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Aortic stenosis

34
4/21
3/14

Other contributory causes of importance:

hypertension, probable illness

Date of onset

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? No!
If so, specify _____

(Signed) Jac. W. Cockfield M. D.
(Address) Courtsville, 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.

JUN 25 1934

OCCUPATION

FATHER

MOTHER

22
31
2

