

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 20829
 Township Primary Registration District No. 3020 Registered No.
 City Cathage (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

(a) Residence, No. 1101 Jersey St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Eva Jeffords
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1861
 7. AGE YEARS 73 MONTHS 3 DAYS 7 IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934
 22. I HEREBY CERTIFY That I attended deceased from June 30, 1934 to June 30, 1934
 I last saw him alive on June 30, 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:

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

Date of onset 1914
 Other contributory causes of importance: 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashkneld, Illinois
 FATHER 13. NAME Tom Jeffords
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Mary
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT Mrs. B. J. Jeffords
 (ADDRESS) Cathage, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fayetteville, Mo. DATE July 3, 1934
 19. UNDERTAKER Wells, M. H. & Co.
 (ADDRESS) Cathage, Mo.
 20. FILED July 3, 1934 Registrar.

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) R. H. Webster M. D.
 (Address) Cathage, Mo.

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.

AUG 4 1934

