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.

24085

File No. 309

Registered No.

1. PLACE OF DEATH
County Reynolds
Township
City Emma Lebanon (No. St. Ward)
Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Mr Henry L Jessee
(a) Residence, No. 230 Hale 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.

AUG 8 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ H C Jessee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1867
7. AGE Years 67 Months 4 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Stanton Mo.

FATHER
13. NAME Henry Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Martha Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs Jessee
(ADDRESS) Lebanon Mo
18. BURIAL, CREMATION, OR REMOVAL Lebanon Mo
PLACE DATE July 4 1934
19. UNDERTAKER Young & Tyler
(ADDRESS) Lebanon Mo
20. FILED 7-3 1934 Robert W Williams Registrar
Robert Pennington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw her alive on 7-2 1934. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A	
23B Relaxation of heart	

Other contributory causes of importance:
Hemoptysis

Name of operation — Date of
What test confirmed diagnosis? Post mortem 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) Chas A Geary Coroner, M. D.
(Address) Marshfield Mo

Insufficient Attendance