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.

SEP 17 1934

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

Do not use this space.

30314

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1099 — File No.
Township Hardin — Primary Registration District No. 5868 — Registered No. 27
City (No. , St. Ward)

2. FULL NAME Karneese Jawers
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1932
7. AGE YEARS 2 MONTHS 7 DAYS 3 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) Ch Mo

FATHER
13. NAME Charles Jawers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Francis Arant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Charles Jawers Fort Leonard Wood Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Chapple 8-14-1934
19. UNDERTAKER (ADDRESS) [illegible] Cumberland Mo
20. FILED 9-8-1934 J. L. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12, 1934
22. I HEREBY CERTIFY, That I attended deceased from 8-12, 1934, to 8-12, 1934
I last saw her alive on 8-12, 1934. Death is said to have occurred on the date stated above, at 11-50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
8-12-34	
Malaria	
37	

Other contributory causes of importance: 38

Name of operation None 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 None
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Denton, M. D.
(Address) Wardell Mo.