

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.

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

Do not use this space.

NOV 15 1934

41719

**1. PLACE OF DEATH**

County Vernon  
Township Benton  
City Neovada

Registration District No. 875  
Primary Registration District No. 3039

File No. ....  
Registered No. 219  
St. .... Ward)

**2. FULL NAME**

William Leon Jodlow  
(a) Residence, No. 1015 S. Maple St. .... Ward.

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Mo 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Bachelor  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 3  
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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neovada Mo  
13. NAME Edwin Jodlow  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Becharof Mo  
15. MAIDEN NAME Ethel Mae Makler  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metz Mo  
17. INFORMANT (ADDRESS) Mrs Mae Jodlow Neovada Mo  
18. BURIAL, CREMATION, OR REMOVAL Metz Cemetery DATE Nov 4 1934  
19. UNDERTAKER (ADDRESS) Funeral Home Neovada Mo  
20. FILED Nov 3 1934 M. Eichinger Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1934  
22. I HEREBY CERTIFY that I attended deceased from Oct 30 1934 to Nov 2 1934  
I last saw him alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:  
Birth pressure causing convulsions

Date of onset Oct 31 1934

Other contributory causes of importance:  
10 36 11 0 0

Name of operation Physical Exam Date of no  
What test confirmed diagnosis Physical Exam 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) J. M. Love, M. D.  
(Address) Neovada, Mo.

