

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

Do not use this space.

**FEB 8 1935**

**2339**

**1. PLACE OF DEATH**

County Remick Registration District No. 1102  
 Township Pascala Primary Registration District No. 75870  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George W. Jeffers

(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 <u>M.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma J. Jeffers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6 - 1861</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1935, to Jan. 29, 1935.  
 I last saw him alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 7 p.m.

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

acute urinary retention  
hypertrophied prostate  
generalized arteriosclerosis

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Senility

97

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) A. H. Shree, M. D.

(Address) Hoyti

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ind.

13. NAME James J. Jeffers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Waukegan Ind.

15. MAIDEN NAME Eltha D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
D.K.

17. INFORMANT Mr. Jeffers  
 (ADDRESS) Pascala

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ingram Ridge DATE 1-31 1935

19. UNDERTAKER Roy Wnd. Co.  
 (ADDRESS) Hoyti Mo.

20. FILED 2/5 1935 Mrs. T. R. (Cale)  
 Registrar.

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.

