

JUN 26 1935

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

Do not use this space.

20582

1. PLACE OF DEATH

County Werners Registration District No. 1099
Township Little River Primary Registration District No. 5868
City Wardell Mo. St. _____ Ward _____

2. FULL NAME Earl Jefferson

(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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 17 23 24

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 8

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) Wardell Mo R3

13. NAME E. Jefferson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grasson Mo

15. MAIDEN NAME Mary Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Miss

17. INFORMANT (ADDRESS) Father Wardell Mo

BURIAL, CREMATION, OR REMOVAL

PLACE Wardell DATE 6-2 1935

UNDERTAKER (ADDRESS) Wardell Mo

FILED 6 10 1935 J. E. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 1 35

22. I HEREBY CERTIFY, That I attended deceased from I did not 1935, to attended, 1935

I last saw him _____ alive on _____, 1935. Death is said to have occurred on the date stated above, at _____ m.

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

From Father Child
I died from malaria
from high temperature
which was followed with
spasms
from malaria

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) W. H. Denton, M. D.

(Address) Wardell Mo

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

