AUG 9 1935

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

Do not use this space.

24963

1. PLACE OF DEATH St. Mary's Infirmary
County ..... Registration District No. 1003 (792)
Township ..... Primary Registration District No. .....
City St. Louis, Mo. (No. 1536, Papin St. ..... Ward)

File No. .....
Registered No. 6399

2. FULL NAME James Jefferson
(a) Residence, No. 2330 Walnut St., 22 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~[illegible]~~ Mattie Jefferson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12 1904
7. AGE: ~~1904~~ YEARS 31 MONTHS 10 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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): St Louis Mo

FATHER
13. NAME: Wm Jefferson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glenco Mo

MOTHER
15. MAIDEN NAME: Nellie Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glenco Mo

17. INFORMANT (ADDRESS): Wm Jefferson 2330 Walnut
18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 7-28 1935
19. UNDERTAKER (ADDRESS): English Undtco 2431 Lucas ave
20. FILED JUL 28 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to July 24, 1935
I last saw him alive on July 24, 1935 Death is said to have occurred on the date stated above, at 5:20 P.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart disease
Mitral Insufficiency
Congestive Heart failure

Date of onset

Other contributory causes of importance: Rheumatism

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Name of operation ..... Date of .....
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) A. E. Bythewood, M. D.
(Address) 1536 Papin St.

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.