

OCT 25 1935

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

Do not use this space.

27227

1. PLACE OF DEATH

County Sumner
Township Sumner
City Stule (No.)

Registration District No. 6.6.1
Primary Registration District No. 6.8.63

File No.
Registered No. 181
St. Ward)

2. FULL NAME

Edward Lee Jeffries

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucas</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7 - 1934</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>8</u>
		<u>17</u>
		If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/23/35, 19... to 8/24/35, 19...
I last saw him alive on 8/23/35, 19... Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Malaria

Date of onset

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stule Mo

13. NAME Isaac Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tyng Miss.

15. MAIDEN NAME Beatrice Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copville Tenn.

17. INFORMANT Grace Jeffries
(ADDRESS) Stule St., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stule, Mo. DATE 8/24, 1935

19. UNDERTAKER (ADDRESS) Youngs Burial Co
Stule, Mo.

20. FILED Oct. 8, 1935 Ada Martin
Registrar.

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) W. Daniel, M. D.
(Address) Stule, Mo.

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.

27227

Oct 18 1950