

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.

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

Do not use this space.

061 28 1935

27350

File No. 18
Registered No. _____
Ward _____

1. PLACE OF DEATH

County St. Louis
Township Southwest
City _____ (No. _____)

Registration District No. 727
Primary Registration District No. 595-9

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward. _____

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Jeffers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1894
7. AGE- YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 9 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Jan 1935
11. Total time (years) spent in this occupation _____

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

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Nellie Jeffers
(ADDRESS) Ladsonville Mo.

18. BURIAL, CREMATION, OR REMOVAL no
PLACE Corinth Cemetery DATE 8-9-1935

19. UNDERTAKER Geo. Roselle
(ADDRESS) _____

20. FILED 8-9-1935 Geo. Roselle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Aug 9, 1935.
I last saw him alive on Jan Aug 9, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
20

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician 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? _____
If so, specify _____
(Signed) John H. Perry, M. D.
(Address) Perry Mo.

