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.

FEB 11 1936

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3103

Township ..... Primary Registration District No. ..... Registered No. 323

City St. Louis (No. 2701 S., Kingshighway Blvd. St. ..... Ward)

2. FULL NAME Lila Lear Jeffords

(a) Residence, No. 2701 S. Kingshighway St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. M. Jeffords

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25th, 1864

7. AGE: YEARS 71 MONTHS 8 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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): Missouri

FATHER

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

MOTHER

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

17. INFORMANT (ADDRESS): Mary E. Jeffords 2701 S. Kingshighway Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Crematory DATE: Jan. 11th, 36

19. UNDERTAKER (ADDRESS): Drehmann Naval 1905 Union Blvd.

20. FILED JAN - 9 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1931, to Nov. 14, 1935

I last saw her alive on Nov. 14, 1935. Death is said to have occurred on the date stated above, at 11 54 P m.

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

Coronary disease
she had had "chronic myocarditis" for several years

Date of onset

Other contributory causes of importance: 93

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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) Drew Luten, M. D.

(Address) St. Louis Mo

Beaumont Bldg
3 30 - 5