

MAR 18 1936

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

Do not use this space.

5475

1. PLACE OF DEATH *Greene*
County _____ Registration District No. *318*
Township *Springfield* Primary Registration District No. *9001*
City *Springfield* (No. *2105 Ramsey*)
2. FULL NAME *Thimye E. Jeffries*
(a) Residence, No. *2105 Ramsey* St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

File No. _____
Registered No. *128*
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
4. COLOR OR RACE *white*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 2 - 1853*
7. AGE YEARS *82* MONTHS *10* DAYS *13* If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In home*
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) *Tenn.*
13. NAME *Isaac Bradley*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*
15. MAIDEN NAME *Sarah Newberry*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*
17. INFORMANT *Mrs. Lou Reynolds*
(ADDRESS) *Springfield, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Robert Cemetery* DATE *Feb 17 '36*
19. UNDERTAKER *J. W. King*
(ADDRESS) *Springfield, Mo.*
20. FILED *2-17-1936* *Ralph W. Haugton*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-15-1936*
22. I HEREBY CERTIFY, That I attended deceased from *12/10*, 19*35*, to *2/15*, 19*36*
I last saw her alive on *2/15*, 19*36* Death is said to have occurred on the date stated above, at *8:10* p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *2/14/36*
Other contributory causes of importance:
Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 *None*
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *D. F. Freeman* M. D.
(Address) *Springfield, Mo.*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

