

APR 14 1936

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

Do not use this space.

10934

1. PLACE OF DEATH

County Garrison Registration District No. 399
Township Yean Primary Registration District No. 1002
City Kansas City (No. RC General Hosp)

File No. _____
Registered No. 1610
St. _____ Ward _____

2. FULL NAME

Phoebe S. Jeffins
(a) Residence, No. 813 W 22nd St Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 3-16-36 to 3-22-36

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1867

I last saw her alive on 3-22-36 Death is said to have occurred on the date stated above, at RC Gen Hosp

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 8 19

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

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. none
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 _____

Heart disease. Hyper-tensive. Generalized arteriosclerosis. Chronic glomerular nephritis.
Other contributory causes of importance: Hydrothorax

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

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

13. NAME Jessie Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Julia Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Rebecca Clark (ADDRESS) RC Gen Hosp RC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE March 24, 36

19. UNDERTAKER (ADDRESS) RC Gen Hosp

20. FILED Mon 24 1936 M. M. Brown Registrar.

23. If death was due to external causes (violence), fill in 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? _____
specify _____

(Signed) J. H. [Signature] M. D.
(Address) RC Gen Hosp

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

