

MAY 22 1936

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

Do not use this space.

15850

1. PLACE OF DEATH

County Lawrence Registration District No. 490 File No. _____
Township Mt Vernon Primary Registration District No. 56 Registered No. 38
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Barney Jefferson
(a) Residence, No. _____ St. _____ Ward. Plattsburg Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 5 mos 24 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 9 _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County

FATHER 13. NAME John Jefferson

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

MOTHER 15. MAIDEN NAME Coratensky

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

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg DATE April 18, 1936

19. UNDERTAKER (ADDRESS) Fossett & Co.

20. FILED April 18, 1936 R. A. Holmes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1935, to April 6, 1936

I last saw him alive on April 16, 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pulmonary Tuberculosis Date of onset 1935

Other contributory causes of importance: 23

Name of operation None Date of _____

What test confirmed diagnosis: sputum 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) J. A. Tacker, M. D.

(Address) Plattsburg 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.

