

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Saint Joseph Hospital)

18624
File No. _____
Registered No. 710
St. _____ Ward)

2. FULL NAME Ernest J. Jefferies

(a) Residence, No. 2612 So. 26th Street St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1903
7. AGE YEARS 33 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer

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) 1932 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN, (STATE OR COUNTRY) Oklahoma

13. NAME Aaron Jefferies

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Malissa Stallsworth

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Agnes Jefferies
(ADDRESS) 2612 South 13th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE May 18, 1936

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED May 18, 1936 A. J. Nestle
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to May 17, 1936.
I last saw him alive on May 17, 1936. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset 5-15-36

Other contributory causes of importance:
Medicinal abuse per laundress

Name of operation none 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) D. J. Pearson, M. D.
(Address) St. Joseph 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.

