

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.

JUN 23 1936

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

Do not use this space.

20071

## 1. PLACE OF DEATH

County Mercer  
Township Harrison  
City (No. ....) , .....

Registration District No. 558  
Primary Registration District No. 5749

File No. ....  
Registered No. 37 St. .... Ward)

## 2. FULL NAME

Sylvia Jeff  
(a) Residence, No. .... 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. W. Jeff.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 - 1882</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>6</u>	DAYS <u>20</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Princeton Mo13. NAME  
Jillman Stasley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mercer Co Mo15. MAIDEN NAME  
Bessie Fletcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mercer Co Mo17. INFORMANT  
L. W. Jeff  
(ADDRESS) Princeton Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Goshen Mo. DATE May 24 193619. UNDERTAKER  
Paul Mass  
(ADDRESS) Princeton Mo.20. FILED 5/27 1936  
J. M. Perry  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 .193622. I HEREBY CERTIFY, That I attended deceased from Jan 1 ,1920, to May 22 ,1936.I last saw h. OR alive on May 22 ,1936 Death is saidto have occurred on the date stated above, at 4 p.m.

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

Cardio-vascular-renal disease <sup>Date onset</sup> 10 yr  
with special reference to  
kidney complication (3% albumen).  
Cerebral hemorrhage, left side,  
slight, April 24, 1936—with a more  
massive hemorrhage again May 20,  
followed by Coma and death.

apoplexy  
acute chronic Bright's disease  
1924-26  
1920-26  
1930

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phys & Lab 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 ..... No

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) A. S. Bristow, Ch. S. Bristow M. D.  
(Address) Princeton, Mo.  
5/23-36

