

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township _____
City Franklin (No. _____)

Registration District No. 40
Primary Registration District No. 4024

File No. 21922
Registered No. 26
St. _____ Ward _____

2. FULL NAME Charles Edward Jeardoe

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie M. Jeardoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman
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 _____

12. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Kansas

FATHER 13. NAME John H. Jeardoe

14. BIRTHPLACE (CITY OR TOWN) Plattsville (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Mary J. Vansant

16. BIRTHPLACE (CITY OR TOWN) Dallas City (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Chas. E. Jeardoe (ADDRESS) Lamar, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Military Home Cemetery Wadsworth, Kansas DATE 6/6 1936

19. UNDERTAKER Konantz Funeral Home (ADDRESS) Lamar, Missouri.

20. FILED 6/5 1936 A. J. Mynatt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

Cerebral Hemorrhage
Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 6-4, 1936

Where did injury occur? Lamar (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Dropped dead in toilet
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None
(Signed) B. J. Monantz, Coroner, M.D.
(Address) Lamar, Missouri

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.

National Military Home Cemetery

