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.

SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County Bates
Township
City Rockville Mo (No. ..... St. ..... Ward)
Registration District No. 54
Primary Registration District No. 4032
File No. 29854
Registered No. 15

2. FULL NAME John D. Jeffries
(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 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan E Jeffries Ded Widower
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1st 1850
7. AGE 86 YEARS " MONTHS DAYS 26 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER R A Jeffries
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Harriet McKinley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Saint Louis

14. INFORMANT T J Jeffries
(Address) Roundup Mont
15. FILED Aug 29, 1936 Mrs. Bessie Gunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1936
17. I HEREBY CERTIFY, That I attended deceased from 8/23/36, 19.., to 8/26, 1936, that I last saw him alive on 8/26, 1936, and that death occurred, on the date stated above, at 7 am m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral incompetency
Probably (duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Biliary cirrhosis & Arterio sclerosis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 124 [illegible]
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) C Slaughter, M. D
, 19 (Address) Rockville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Meyer Cem
DATE OF BURIAL Aug 29 1936
20. UNDERTAKER R. R. Kenney
ADDRESS Appleton City Mo.