

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

Do not use this space.

OCT 21 1936

36497

1. PLACE OF DEATH

County Washington
Township Bretton
City Potosi (No. _____)

Registration District No. 887
Primary Registration District No. 6179

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Sylvester Jarvis
(a) Residence, No. _____ 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 M. 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 Ella Jarvis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) (STATE OR COUNTRY) Palmer Mo

FATHER 13. NAME Sylvester Jarvis

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

MOTHER 15. MAIDEN NAME Minerva Cash

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

17. INFORMANT Mrs. Thelma Skaggs
(ADDRESS) Donne Lewis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE 9/18 1936

19. UNDERTAKER J. B. BOYER & SUN
(ADDRESS) POTOSI, MO.

20. FILED Sept 20 1936 G. Chesance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17/36, 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 4 p.m. about.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis (Date of onset _____)

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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) Paul Rubeson
(Address) Acting Coroner Potosi, Mo.

MARGIN RESERVED FOR BINNING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. C. NO. 2
20M-2-19-36
I X7284

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.

