

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.

DEC 3 1936

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

Do not use this space.

38484

1. PLACE OF DEATH

County NEWTON
Township
City NEOSHO (No. _____)

Registration District No. 609
Primary Registration District No. 4363

File No. _____
Registered No. 111
St. _____ Ward _____

2. FULL NAME

JAMES EDWARD JEFFERS

(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1932

7. AGE YEARS 4 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) NEOSHO (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME JAMES JEFFERS

14. BIRTHPLACE (CITY OR TOWN) NEOSHO (STATE OR COUNTRY) MISSOURI

MOTHER 15. MAIDEN NAME SALLIE HILLIS

16. BIRTHPLACE (CITY OR TOWN) NEOSHO (STATE OR COUNTRY) MISSOURI

17. INFORMANT JAMES JEFFERS (ADDRESS) NEOSHO MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Foot Cemetery DATE 10-3 1936

19. UNDERTAKER BIGHAM'S (ADDRESS) NEOSHO MO

20. FILED 10-2 1936 Orvala Palumbo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Oct 1, 1936

I last saw him alive on Oct 1, 1936. Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Acute toxicemia had convulsions followed by apoplexy of left side total paralysis of right side. Started 11:30am
Other contributory causes of importance: same day

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 _____

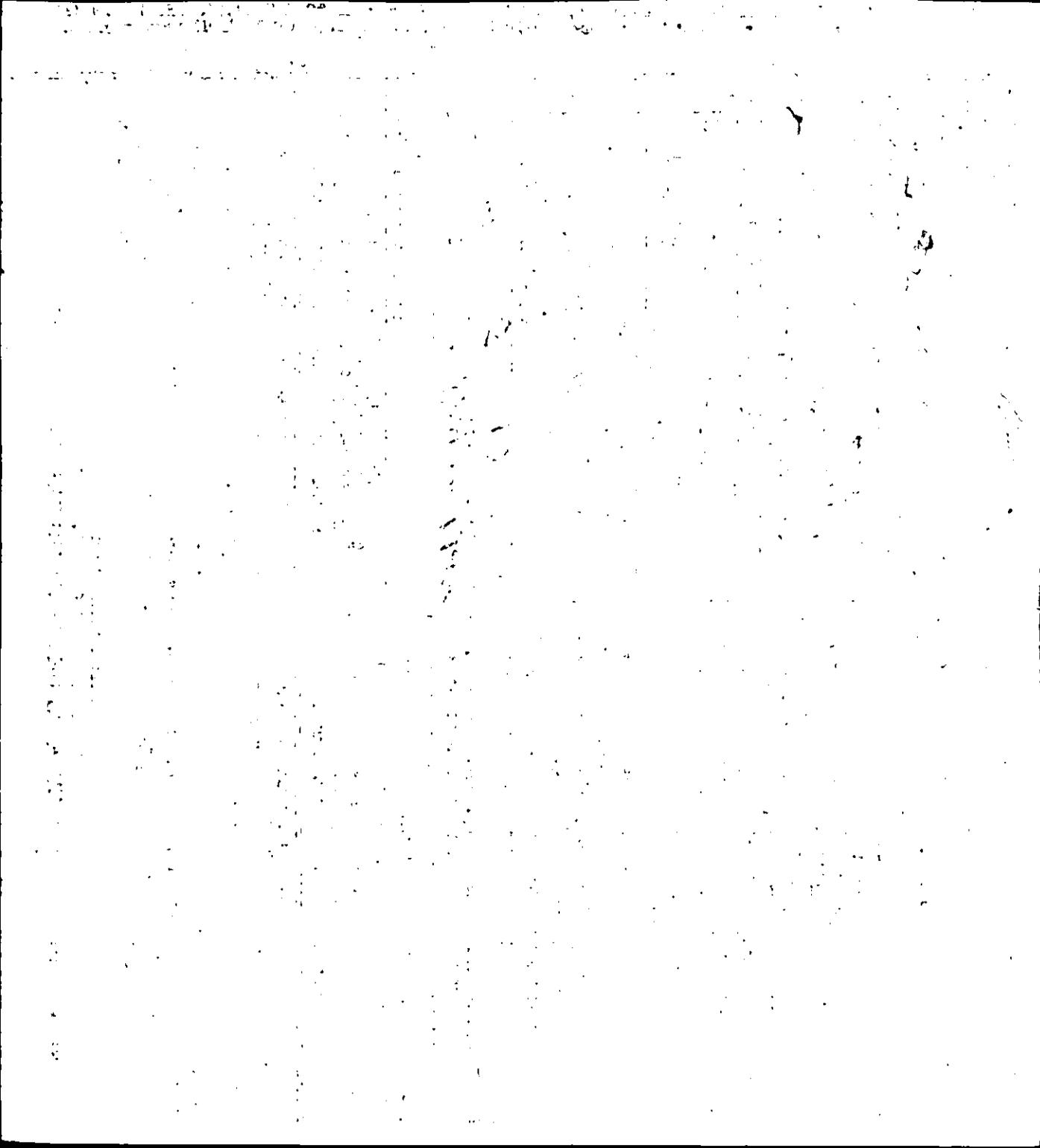
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Orvala Palumbo, M. D.

(Address) Neosho, Mo.



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

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1. PLACE OF DEATH

County Newton
Township
City Neosho (No. _____)

Registration District No. 609
Primary Registration District No. 4363

File No. _____
Registered No. 111
St. _____ Ward _____

2. FULL NAME

James Edward Jeffers
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 5- 13

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. UNDERTAKER (ADDRESS)

20. FILED 12-21, 1936 Orval A. Sale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 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 _____ m. The principal cause of death and related causes of importance were as follows:

acute toxemia
convulsions followed
by apoplexy of left side

Date of onset

Other contributory causes of importance:

Causes of convulsions unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Orval A. Sale, M. D.

(Address) Neosho Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

38484