

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

Do not use this space.

FEB 18 1937

2254

1. PLACE OF DEATH

County Milled  
Township Richwoods  
City Storia (No. 2)

Registration District No. 562  
Primary Registration District No. 5757

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Dwight Lee Jarrett

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Put in the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 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. ✓  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Storia (STATE OR COUNTRY) MO

MOTHER FATHER 13. NAME William Jarrett 14. BIRTHPLACE (CITY OR TOWN) Storia (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Buelah Hicks 16. BIRTHPLACE (CITY OR TOWN) Storia (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) William Jarrett Storia

18. BURIAL, CREMATION, OR REMOVAL Interment PLACE Storia DATE Jan. 13 1937

19. UNDERTAKER (ADDRESS) B. L. Busby Storia MO

20. FILED Feb 6 1937 Mr. W. A. Jones Group Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan. 12 1937, to Jan. 12 1937. I last saw him alive on Jan. 12 1937. Death is said to have occurred on the date stated above, at 9 P. m. The principal cause of death and related causes of importance were as follows:

Aphasia Monotonica Date of onset 1-12-37

Other contributory causes of importance \_\_\_\_\_

Name of operation none 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? no 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) C. M. Little, M. D.  
(Address) Crocker, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

