MAR 25 1937

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

Do not use this space.

File No. 8978

Registered No. 36

1. PLACE OF DEATH

County: Saline — Registration District No. 796

Township: Marshall — Primary Registration District No. 3038

City: Marshall, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Patrica Ann Jeffress

(a) Residence, No. Nelson, Mo. St., ... Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1937

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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): Marshall, Mo.

FATHER

13. NAME: Robert Jeffress

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson, Mo.

MOTHER

15. MAIDEN NAME: Kathryn Ault

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson, Mo.

17. INFORMANT (ADDRESS): Robert Jeffress, Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nelson, Mo. DATE: Feb. 19, 1937

19. UNDERTAKER (ADDRESS): J. L. Sweeney, Marshall, Mo.

20. FILED: Feb. 19, 1937 Helen Huston Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-18-1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw ..... 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:

	Date of onset
Still born	
Eclampsia of mother	
Other contributory causes of importance:	

Name of operation: X Date of: X
What test confirmed diagnosis? X 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 ....., 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) H. L. Bytnamm, M. D.
(Address) Marshall Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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