

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.

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Andersson
City..... (No..... St..... Ward)

Registration District No. 574
Primary Registration District No. 5688

File No. 12547
Registered No.....

2. FULL NAME

Simson Jackson 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 - 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>78</u>	<u>77</u>	<u>2</u>	<u>15</u>	

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

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) May 2 - 1936 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. E. Thomas, Oregon - Polk County

13. NAME George Stephen Jeffries

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

15. MAIDEN NAME Mary Suttor

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

17. INFORMANT Mrs. W. M. Jeffries (ADDRESS) Anderson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson, Mo. DATE Feb 24 1937

19. UNDERTAKER Y. M. Johnson (ADDRESS) Anderson, Mo.

20. FILED March 26, 1937 Miss Lee Barker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to Feb 20, 1937

I last saw him alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 2 A. M.

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

Cerebral Hemorrhage

Date of onset	<u>May 6 1936</u>
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Other contributory causes of importance See 1

Name of operation No Date of.....
What test confirmed diagnosis? None 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) J. B. Buck, M. D.
(Address) Anderson, Mo.

