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

JUN 16 1937

Do not use this space.

File No. 19305

Registered No. 5

1. PLACE OF DEATH

County Andrew

Township Platt

City ..... (No. ..... St. ..... Ward)

Registration District No. 15

Primary Registration District No. 5019

2. FULL NAME Elmer C Jefferies

(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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: mary L. Jefferies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21 - 1858

7. AGE: YEARS 78 | MONTHS 11 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Medicine

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): Conquest New York

FATHER

13. NAME: John Jefferies

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): new york

MOTHER

15. MAIDEN NAME: Sarah A Mellinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): new york

17. INFORMANT (ADDRESS): Mary Lenora Jefferies Savannah

18. BURIAL, CREMATION, OR REMOVAL

PLACE Savannah DATE 5-12-1937

19. UNDERTAKER (ADDRESS): E. C. Brent Savannah Mo

20. FILED May 19 1937 Mrs E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5 - 9 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to May 9, 1937

I last saw ~~him~~ alive on May 7, 1937. Death is said to have occurred on the date stated above, at 2:25 p.m.

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

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

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) A. Monroe Peter, M. D.

(Address) Winterville Mo.

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

JUL 22 1947