

J. Grace
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County Ray Co.
 Township Fishing River
 City (No. 1)

Registration District No. 743
 Primary Registration District No. 6237

File No. 21114
 Registered No. 95
 St. _____ Ward _____

2. FULL NAME

Jennie Mae Jifus
 (a) Residence, No. 4 mi. East Exeter Springs, Mo. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 45 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to May 8, 1937
 I last saw her alive on January 3, 1937 Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1870

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 15

Dr. Compensated mitral Insufficiency 20 years ago
 Date of onset about 20 years ago

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

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER FATHER 13. NAME Marion Rowland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Exeter Springs Mo.

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)

MOTHER 15. MAIDEN NAME Martha Boatright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT John M. Jifus
 (ADDRESS) Exeter Springs Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown DATE May 9, 1937

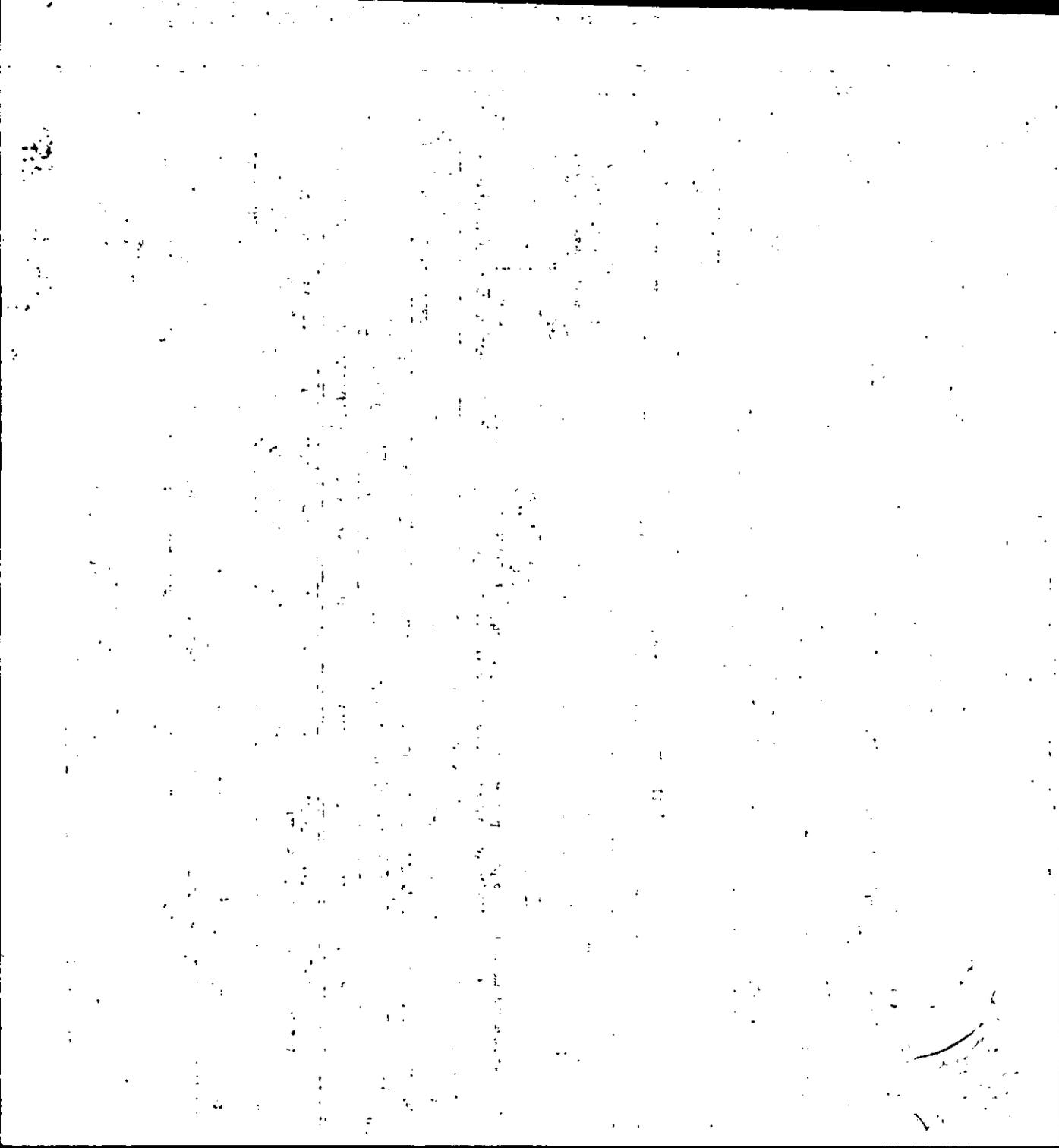
24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

19. UNDERTAKER Herbert Hope
 (ADDRESS) Exeter Springs Mo.

(Signed) John J. Grace M.D.
 (Address) Exeter Springs

20. FILED 6/10 1937
Private
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important terms should be stated EXACTLY. PHYSICIANS should state



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray Registration District No. 743
Township Fishing River Primary Registration District No. 6239
City (No. St. Ward)

File No. 21114
Registered No. 95-

2. FULL NAME

Jennie May Titus

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>3</u>	<u>10</u>	

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) (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. UNDERTAKER (ADDRESS)

20. FILED 6/10 1937 Officer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:

Date of onset

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) John F. Grace, M. D.
(Address) Excelsior Spex Inc.

SUPPLEMENTARY

RECEIVE A LETTER FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-21114