

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

Do not use this space.

1. PLACE OF DEATH JUN 29 1937
 County Saint Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248B
 City Jefferson Barracks (No. Vets. Adm. Fac.) St. 26 Ward 26

2. FULL NAME May R. JEFFEREST
 (a) Residence, No. 219 (Rear) Bonnon Avenue St. Ward. East Saint Louis, Illinois.
 (Usual place of abode) Unkn. (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.

File No. 21363

Registered No. 220

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Mrs. Georgia Jefferest
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	40	0	20	

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

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

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) Obion,
 (STATE OR COUNTRY) Tennessee

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Narisa (Unknown)

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

17. INFORMANT Clinical Clerk M. Schellig
 (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE East St. Louis, Ill. DATE May 30, 1937

19. UNDERTAKER Nash (C. J.)
 (ADDRESS) 111 N. 13th St. East St. Louis

20. FILED May 25, 1937 G. Mounsey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to May 25, 1937.
 I last saw him alive on May 25, 1937. Death is said to have occurred on the date stated above, at 11:00 m. A.M.

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

Tuberculosis, pulmonary, chronic, active, far-advanced (C). Date of onset Unkn.

Other contributory causes of importance: None

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? 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 certificates

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, 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.

OCCUPATION
FATHER
MOTHER

FEB 7 1950