

AUG 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Greene Registration District No. 320  
Township Center Primary Registration District No. 544 B  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JOHN W. JEROME

(a) Residence, No. Boisdare Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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) Widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-16-1861  
7. AGE YEARS 75 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min. ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General  
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everton Mo13. NAME Louis B. Jerome14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woods Co Ohio15. MAIDEN NAME Gerilda Woodard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Ky17. INFORMANT Mrs. S. P. Rickman  
(ADDRESS) Boisdare Mo18. BURIAL, CREMATION, OR REMOVAL Funeral Home  
PLACE Boisdare Mo DATE 7/30 193719. UNDERTAKER Redford Funeral Home  
(ADDRESS) Boisdare Mo20. FILED 7/29-1937 Wayne Huxal Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 30<sup>th</sup>, 1937, to July 28-, 1937  
I last saw him alive on 7-27-, 1937. Death is said to have occurred on the date stated above, at 9<sup>00</sup>P.

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

Myocarditis Date of onset 1937Other contributory causes of importance Tubal nephritis (?)Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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) B. F. Huxal, M. D.(Address) Boisdare, Mo.

WRITE PLAINLY

N. B.—Every item of information should be carefully supplied. AGE shown 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.

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