

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville RFD

Registration District No. 218
Primary Registration District No. 5298

File No. 37499
Registered No. 95
St. _____ Ward _____

2. FULL NAME

William Raymond Jabst
(a) Residence, No. Boonville Mo RFD Ward _____ (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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25-1937</u>		
7. AGE	YEARS	MONTHS
<u>31</u>	<u>11</u>	<u>11</u>
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) <u>Boonville RFD, Missouri</u>	
FATHER	13. NAME <u>Fredrick Joseph Jabst</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton City, Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Genevieve May Gramlich</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Fredrick Jabst, Boonville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deftoy City</u> DATE <u>Oct 26 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Ray & Speckler, Pilot Grove Mo</u>		
20. FILED <u>Oct 26 1937</u> <u>Deftoy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25-1937, to 10-25-1937. I last saw him alive on 10-25-1937. Death is said to have occurred on the date stated above, at 7:15 a.m. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset _____

Other contributory causes of importance:
Premature birth

Name of operation _____ 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? No
If so, specify _____
(Signed) J. O. Raley, M. D.
(Address) Pilot Grove, 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.

