

NOV 19 1937

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

Do not use this space.

38253

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Wynona Primary Registration District No. 5762
City Deventer St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lizzie Beth Jarrett Ward. _____
(Usual place of abode) L.W. Langdale farm (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
9 24

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deventer Missouri

13. NAME Isiah Jarrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Tennessee

15. MAIDEN NAME Minnie Dwope

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

17. INFORMANT Isiah Jarrett (ADDRESS) Deventer Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove Cemetery DATE Oct 18, 1937

19. UNDERTAKER Frank Jones Funeral Service (ADDRESS) Deventer Mo

20. FILED 10-18- 1937 Registrar F. J. Vernon

MEDICAL CERTIFICATE OF DEATH 3:30 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17 A. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1937, to Oct 17 1937

I last saw him alive on Oct 10 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Decomposition Date of onset 9/19/37

Other contributory causes of importance: 11912

Name of operation none Date of _____
What test confirmed diagnosis Autopsy 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 1

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify W. S. Love (Signed) _____ M. D.

(Address) Charleston, 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.

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