

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair Registration District No. 763 File No. 38656
Township Butler Primary Registration District No. 4458 Registered No. 19
City Laurie (No. _____) St. _____ Ward _____

2. FULL NAME

John Tracy Jeffery
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to June 21, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 - 1918

I last saw him alive on June 21, 1937 Death is said to have occurred on the date stated above, at about 8 m.

7. AGE YEARS 19 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

Pulmonary T. B. Date of onset _____

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: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chelsea Okla

13. NAME John Jeffery

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

15. MAIDEN NAME Hattie Kennon

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

17. INFORMANT Hattie Jeffery (ADDRESS) Laurie City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chelsea DATE 6-23 1937

19. UNDERTAKER Abulph (ADDRESS) Quincy Mo

20. FILED Oct 25 1937 Sophia H. Stratton Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? 87 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) W. H. Seesser, M. D.
(Address) Chelsea Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937

