

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

DEC 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clay  
Township Pratt  
City (No. )

Registration District No. 203  
Primary Registration District No. 5281

File No. 41010  
Registered No. 17  
St. Ward

2. FULL NAME

John Nelson Cruise Jefferson  
(a) Residence, No. St. Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Joe Jefferson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1 - 1907</u>		
7. AGE YEARS <u>30</u>	MONTHS <u>8</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Clay County

13. NAME  
John Jefferson

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

15. MAIDEN NAME  
Cora Tinsley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Clay County

17. INFORMANT (ADDRESS)  
Mary Joe Jefferson  
Clay County Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Mount Olive DATE Nov. 28 1937

19. UNDERTAKER (ADDRESS)  
Oliver Brown  
Platteau Mo.

20. FILED 11-26 1937 E. C. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1937, to Nov 25 1937. I last saw him alive on Nov 25 1937. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Lobar Pneumonia

Date of onset

Nov 29 - 1937

Other contributory causes of importance:

105

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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 (Signed) J. H. Ruse M. D. (Address) Smithville Mo. 12-2

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

1955

MEMORANDUM

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible text follows, appearing to be a list of items or a detailed report. The text is extremely faint and mostly illegible.]

[Illegible text continues, appearing to be a list of items or a detailed report. The text is extremely faint and mostly illegible.]