

REC'D JUN 16 1938

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

Do not use this space.

18869

1. PLACE OF DEATH

County Buller
Township Blaise
City Brumley (No. 1)Registration District No. 565
Primary Registration District No. 5761aFile No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Martin Van Buren Jeffries
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Nellie Hale6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 - 18747. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 2 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 1/1/38 11. Total time (years) spent in this occupation 25 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal MO13. NAME William Jeffries14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal MO15. MAIDEN NAME Belle Jeffries16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal MO17. INFORMANT (ADDRESS) Mrs. Martin Jeffries Brumley MO18. BURIAL, CREMATION, OR REMOVAL Brumley MO DATE 4/4 3819. UNDERTAKER (ADDRESS) Ch. Casey Brumley20. FILED 4/10 1938 CR Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1 193822. I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to April 1, 1938
I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 5:20 a. m.

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

acute myocarditis
produced by
acute inflammationDate of onset March 1938
3-16-38

Other contributory causes of importance:

Diabetes Mellitus1933Name of operation none Date of Apr 5What test confirmed diagnosis? Clinical 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) Mrs. M. D. Jones M. D.(Address) Brumley, MO

