

REC'D JUL 25 1938

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

Do not use this space.

23092

1. PLACE OF DEATH

County Shelby
 Township Black Creek
 City (No. _____) _____

Registration District No. 831
 Primary Registration District No. 6092

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 6 4

8. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Co. Del.13. NAME John P. Jarrell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Co. Del.15. MAIDEN NAME Elydia Linner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Co. Del.17. INFORMANT Mrs. Earl Wright (ADDRESS) Shelbyville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE J. O. R. Cemetery DATE July 3, 193819. UNDERTAKER E. P. Thompson (ADDRESS) Shelbyville, Mo.20. FILED July 2, 1938 Leas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1- 1938

22. I HEREBY CERTIFY, that I attended deceased from June 22, 1938, to July 1, 1938
 I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

Cerebral Neurothage Date of onset 6-29-38

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) P. L. Archer, M. D.(Address) Shelbyville, 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.

