DEC'D JAN 13 1939

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 41626
Township Kaw — Primary Registration District No. 1002 — Registered No. 4692
City Kansas City (No. 3017 McGee St. Ward)

2. FULL NAME Eddie Jarboe
(a) Residence, No. 3017 McGee St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - - - - -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1859
7. AGE: YEARS 79 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Night clerk
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) 1937
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Alfred Jarboe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Hall Illinois

MOTHER
15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville Illinois

17. INFORMANT (ADDRESS) John Jarboe Burlingame, Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Burlingame, Ks. DATE Dec. 4 1938
19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas
20. FILED Dec 2 1938 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1938, to 12/1, 1938
I last saw him alive on 12/1, 1938. Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis "History"	Years
Hypostatic Pneumonia	2 weeks
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Other contributory causes of importance:
Chronic Nephritis - "History" 2 year

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical + Laboratory 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) Dr. John S. Hull, M. D.
(Address) 3034 Harrison VA 3610

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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