

REC'D FEB 21 1939

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

1528

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 45
 (b) Township Douglasport Primary Registration District No. 5068
 (c) City _____ (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 162 Isaac Sydney Jeffries St. 00
Douglasport Township
 (Usual place of abode, if no street address, write county or city) (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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Isaac Jeffries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Lebanon Mo13. NAME George Jeffries14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Nancy Jane Owens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Isaac Jeffries
Milford Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Cemetery DATE Jan 193919. FUNERAL DIRECTOR (ADDRESS) G. O. Beany & Sons
Sheldon Mo20. FILED Feb. 2 1939 Harvey B. Wilcox
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1939 to Jan. 14, 1939.
 I last saw him alive on Jan. 11, 1939. Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Jan. 9

Other contributory causes of importance: chronic myocarditis second yr.

Name of operation _____ Date of _____
 What 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) Vern T. Bichel, M. D.

(Address) Lamar, Mo.

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Was Not Embalmed

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Carroll T. Beery
Licensed Embalmer No. 2385

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)