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.

FILED DEC 11 1940

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

Do not use this space.

39941

1. PLACE OF DEATH
County Stoddard 2 Registration District No. 837
Township Castor Primary Registration District No. 6099
City Bloomfield R. 2 (No. 0 St. Ward)

File No.
Registered No.

2. FULL NAME Benjamin O. Jarrell
(a) Residence, No. Stoddard Co. Mo. Rural
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5. 1882

7. AGE: YEARS 57 MONTHS 10 DAYS 27 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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) Stoddard Co. Mo.

FATHER
13. NAME Lige Jarrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Juda A. Majors
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Meda Jarrell Dexter R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cem DATE Oct 3rd 1940

19. UNDERTAKER (ADDRESS) Blankenship & Strickland Dexter Mo

20. FILED Oct. 9, 1940 Joanie Punch Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1940, to Oct 1st, 1940
I last saw him alive on Sept. 30 - 1940. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Edema of Lungs | 9/20/40 |

Other contributory causes of importance:
Pellegra & Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? 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) S. S. Davis, M. D.
(Address) Dexter Mo