

FILED FEB 14 1941

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

2029
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 1111
(b) Township Liberty Primary Registration District No. J.163 Registered No. _____
(c) City _____ or _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 David LeRoy Jefferson

(a) Residence, No. Auxvasse, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 8 1882

7. AGE YEARS 59 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) Callaway Co. O

FATHER 13. NAME Burl Jefferson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. O

MOTHER 15. MAIDEN NAME Amanda Muir

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. O

17. INFORMANT Catherine Smith (ADDRESS) Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Feb 14 1941

19. FUNERAL DIRECTOR (NAME) Hughes MAUPIN (ADDRESS) Auxvasse, Mo.

20. FILED Feb 5 1941 B. H. Stephens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1941

I HEREBY CERTIFY That I attended deceased from May 28, 1940, to Jan 31, 1941
I last saw deceased alive on Jan 31, 1941. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 12/10

Name of operation _____ 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 _____
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) H. B. Nichols, M. D.
(Address) Auxvasse, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

14
0
D

14
0

FORM NO. 1 X 16005

5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Hughes Manpin*

Licensed Embalmer No. *2358*

P. O. Address *Auxvasse, Mo*

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.)

If this body is not embalmed, above space should be left blank.