

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

Do not use this space.

39379-3

FEB 19 1935

1. PLACE OF DEATH

County Jasper
Township Walker
City (No.)

Registration District No. 355
Primary Registration District No. 5498

File No.
Registered No. 11
St. Ward

2. FULL NAME

Richard O'Ferris (Hevitt)

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1935

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

17. I HEREBY CERTIFY, That I attended deceased from 12-13 1935, to 12-13 1935, that I last saw alive on 12-13 1935 and that death occurred, on the date stated above, at 1:30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1912

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 10 9

typhoid fever
(duration) yrs. mos. 21 ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Howe Neb
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Near Montrose Mo
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Willard Hevitt

DID AN OPERATION PRECEDE DEATH? no DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Montrose Mo
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Culture
(Signed) E. C. Beeler, M. D.

12. MAIDEN NAME OF MOTHER Jessie Eller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montrose Mo
(STATE OR COUNTRY)

12-13, 1935 (Address) Cherokee Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Willard Hevitt
(Address) Montrose Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 12/15 1935

15. FILED 12-20 1935 W E Baggerly
REGISTRAR

20. UNDERTAKER ADDRESS

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.

