

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

Do not use this space.

30690

SEP 23 1936

1. PLACE OF DEATH

County DeWitt
Township White Oak
City DeWitt (No.)

Registration District No. 347
Primary Registration District No. 5495

File No.
Registered No.
St. Ward)

2. FULL NAME

Minnie May Jefferson
(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 Female 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 J. R. Jefferson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 14, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 24

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1936, to Aug 8, 1936.
I last saw her alive on Aug 8, 1936. Death is said to have occurred on the date stated above, at 1:40 P.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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 Life

Angina Pectoris
94a
Other contributory causes of importance:
Fall Bladder infection
Date of onset

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME Siemp Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

MOTHER 15. MAIDEN NAME Pamelia James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT (ADDRESS) J. W. Jefferson

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.

18. BURIAL, CREMATION OR REMOVAL PLACE Uruck Cem DATE Aug 10, 1936
19. UNDERTAKER (ADDRESS) Hotz Assn
20. FILED 8-22 1936 J. H. Meier
J. R. Hancock Registrar

Manner of injury ✓
Nature of injury ✓
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Kraft, M. D.
(Address) Uruck Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

