

JUN 28 1937

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

Jeffery
Do not use this space.

21123

1. PLACE OF DEATH

County *Jay*

Registration District No. *744*

File No. *21123*

Township *Jay*

Primary Registration District No. *3025*

Registered No. *46*

City *Richmond, Mo.*

Ward

St.

Ward

2. FULL NAME

(a) Residence, No. *Richmond, Mo.*

Ward

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female white widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 12, 1884*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

9

15

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

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

Retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Utica, Missouri

13. NAME

Thomas Holt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME

Jane Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Mrs. Ed. Schneider, Knight, Wyoming

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Richmond, Mo. June 5, 1937

19. UNDERTAKER (ADDRESS)

Richmond, Mo.

20. FILED

6/30

1937

Richmond, Mo.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 2, 1937*

22. I HEREBY CERTIFY, That I attended deceased from

5-1

1937, to

6-2

1937.

I last saw h. *alive* on *5-28*, 1937. Death is said

to have occurred on the date stated above, at *7:45 p.m.*

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

*Coronary occlusion
Arteriosclerosis
Hypertension
Arterial regurgitation*

Date of onset *?*

Other contributory causes of importance:

Senility

g20

Name of operation *none*

Date of

What test confirmed diagnosis? *g. v.*

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) *H. M. Jeffery*

H. M. Jeffery

M. D.

(Address) *Richmond, Mo.*

Richmond, Mo.

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.

