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

Do not use this space.

25996

1. PLACE OF DEATH

County Ray — Registration District No. 744. — File No. 64

Township Richmond — Primary Registration District No. 3035 — Registered No.

City Richmond (No. ..... St. ..... Ward)

2. FULL NAME Infant, Charle Kenneth Jeffries

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

4. COLOR OR RACE WH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1931

7. AGE YEARS 0 MONTHS 2 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Claude Jeffries

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

MOTHER

15. MAIDEN NAME Beulah Bellis

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

17. INFORMANT (ADDRESS) Claude Jeffries Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond Mo. DATE 7-13-31, 19

19. UNDERTAKER (ADDRESS) C. M. Jonier Richmond Mo.

20. FILED 7-13-1931 E. E. Say Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8:40 P.M., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Malnutrition. 158 158

Date of onset

Other contributory causes of importance:

Improper Feeding.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic 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) E. E. Say, M. D.

(Address) Richmond 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.

AUG 29 1931

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