

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

Do not use this space.

22167

1. PLACE OF DEATH

County: Newton  
Township: Stark City  
City: Newton

Registration District No. 614  
Primary Registration District No. 5811

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(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.

Johnnie Wm. Jaber

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
21 | 7 | 12 | = | min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Newton  
Mo.

10. NAME OF FATHER Harry Jaber

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

12. MAIDEN NAME OF MOTHER Burnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
Lynn Co. Mo.

14. INFORMANT (Address) Harry Jaber  
Stark City, Mo.

15. FILED 6-27-1929 M. J. Peltus REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1925, to June 27, 1929  
that I last saw him alive on June 14, 1929, and that death occurred, on the date stated above, at 12:15 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Epilepsy  
18.0.11  
19.6.13  
9.4 (duration) 11 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Fracture of skull  
from fall (duration) .... yrs. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, DATE OF

19. DID AN OPERATION PRECEDE DEATH? 185 DATE OF  
WAS THERE AN AUTOPSY? 12

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. L. Edmondson, M. D.  
627, 1929 (Address) Stella 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
J. W. H. Cemetery Newton 6-28-1929

20. UNDERTAKER ADDRESS  
Blankenship Purdy Mo

73  
26 1929  
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.

DEPARTMENT RECORD

