

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

Do not use this space.

**FEB 27 1935**

**2402**

**1. PLACE OF DEATH**

County Pettis Registration District No. 668 File No. 44  
Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 668  
City Sedalia No. 310 1/2 E 3 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Donald Wayne Jules  
(a) Residence, No. 310 1/2 3rd 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**

3. SEX M 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) Jan 10 - 1935  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 20

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) Sedalia (STATE OR COUNTRY) Mo

FATHER  
13. NAME Ralph Jules

14. BIRTHPLACE (CITY OR TOWN) Mich (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME Cora Waisner

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs Ralph Jules (ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 1/31/35 19 \_\_\_\_\_

19. UNDERTAKER Mrs Paulsen Bros (ADDRESS) Sedalia

20. FILED 1-31-1935 Clare Slack Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/35 1935  
22. I HEREBY CERTIFY, That I attended deceased from 28 Jan 1935 to Jan 30 1935  
I last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 1 P.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia  
1/a  
Other contributory causes of importance: Infection  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. B. Cravenly M. D.  
(Address) Sedalia

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.

