

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

10 County ColeRegistration District No. 213File No. 16130Township Jefferson CityPrimary Registration District No. 3014Registered No. 154City Jefferson City No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 6362 Frank St., _____ 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

Male

4. COLOR OR RACE

Wh.

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

Divorced

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

Ms. Carrie Jarabke

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

7-1-1876

7. AGE

61

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired

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)

Nebraska

FATHER

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

D. L. Jarabke

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stover, Mo. DATE 4/27/37

19. UNDERTAKER (ADDRESS)

Henry's Funeral Home
Jeff. City, Mo.

20. FILED

4/26/37 1937 D. L. Jarabke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Apr 24 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 19 1937 to Apr 24 1937I last saw h. _____ alive on Apr 24 1937 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:

Atherosclerosis
Myocarditis
Ch. Nephritis

Date of onset

Other contributory causes of importance:

Pneumonia, lobarName of operation None Date of _____What test confirmed diagnosis? _____ 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) [Signature] M. D.(Address) Jefferson City, Mo.

