

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

Do not use this space.

Filed Feb 24 - 1944

2726

1. PLACE OF DEATH

County *Henry*
 Township *Whiteoak*
 City *Urich mo*

Registration District No. *347*
 Primary Registration District No. *5495*

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME *Iraac Richard Jefferson*

(a) Residence, No. *Henry Co, mo Rural* Ward. *0*
 (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 *male* 4. COLOR OR RACE *white* 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED *2*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 30 1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 10

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

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) *4 yr* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Urich mo Henry Co*

13. NAME *Thomas Jefferson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fort Castle Delaware*

15. MAIDEN NAME *Louisa Slumway*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Urich mo Henry Co*

17. INFORMANT (ADDRESS) *T.H. Jefferson Urich mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Urich mo* DATE *Jan 12* 19*44*

19. UNDERTAKER *W. J. Brown* (ADDRESS) *Urich mo*

20. FILED *Jan 21 1944* *Dr. J. P. Naughton* Registrar.

W. J. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 10* 19*44*

22. I HEREBY CERTIFY, that I attended deceased from *Jan 15* 19*44* to *Jan 10* 19*44*

Last saw him alive on *Jan 10* 19*44* Death is said to have occurred on the date stated above, at *6:30 AM*

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

Myocardial Insufficiency
Influenza in 1935

Other contributory causes of importance: *ADP*

Name of operation *none* Date of _____
 What test confirmed diagnosis? *none* Was there an autopsy? *none*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *X* Date of injury *X* 19*44*

Where did injury occur? *X* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *X*
 Nature of injury *X*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____

(Signed) *J. W. Galbreath* M. D.
 312 (Address) *Urich 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 impor

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1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... (No....., St. Ward)

File No.....
 Registered No.....

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	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)				
7. AGE	YEARS	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.....			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE..... DATE..... 19.....				
19. UNDERTAKER (ADDRESS)				
20. FILED..... 19.....				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)....., 19.....

22. I HEREBY CERTIFY That I attended deceased from....., 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:

RECEIVED

District Health Officer No. 7,
 District PHS Number 2-41-271
 Date Filed 2-7-41

Date of onset

Other contributory causes of importance:

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)....., M. D.
 (Address).....

Registrar.

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.