

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

Do not use this space.

7152

FILED MAR 6 1943

1. PLACE OF DEATH  
75 County Oregon Registration District No. 258-75  
0 Township Wheeler Primary Registration District No. 5877  
0 City Prineville (No. 0) St. 0 (Ward)

2. FULL NAME Jessie Christine Vest  
(a) Residence, No. 0 St. 0 Ward 0  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1942  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
10 10 26  
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) Oregon Co 1000  
13. NAME Lawrence Vest  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co 1000  
15. MAIDEN NAME Marie Pettis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co 1000  
17. INFORMANT (ADDRESS) Spet. Pettis  
18. BURIAL, CREMATION, OR REMOVAL PLACE Barney Ave DATE Jan 22 1943  
19. UNDERTAKER (ADDRESS) Family  
20. FILED 400 19 24 1943 Prineville Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1943  
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:  
Bal. Time  
Seid without Dr.  
Date of onset  
Other contributory causes of importance:  
153:2  
Name of operation 153:2 Date of 153:2  
What test confirmed diagnosis? 153:2 Was there an autopsy?  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 19 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 153:2  
Nature of injury 153:2  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 153:2  
(Signed) 153:2  
(Address) 153:2

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.

100M-3-28-35

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