

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

Do not use this space.

35071

1. PLACE OF DEATH

County Moniteau
Township Malheur
City California Mo (No. _____)

Registration District No. 471
Primary Registration District No. 4330

File No. _____
Registered No. 50
St. _____ Ward _____

2. FULL NAME

Mrs. Della J. Jarne

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 7 28

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) housewife
(c) Name of employer _____

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

10. NAME OF FATHER Geo McKibbin

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

12. MAIDEN NAME OF MOTHER Dora J. Budney

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

14. INFORMANT Elton Jarne
(Address) California Mo

15. FILED Oct 31, 1931 J. M. Roch.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-31-1931

17. I HEREBY CERTIFY, That I attended deceased from 7-13-1931, to 10-31-1931, (that I last saw her alive on 10-30-1931, and that death occurred, on the date stated above, at 5-30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of the lungs

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. R. Popejoy, M. D.

10-31-1931 (Address) California 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 Grain Hill DATE OF BURIAL Oct 1, 1931

20. UNDERTAKER J. M. Roch. & Son ADDRESS California

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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 24 1931

