

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

Do not use this space.

28868

1. PLACE OF DEATH

County: Monticau Registration District No. 571
 Township: Wales Primary Registration District No. 4335
 City: California (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 38

2. FULL NAME

Jamae Jewell English

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Oct 15, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
22 9 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Monticau County
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER M. L. English

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

12. MAIDEN NAME OF MOTHER Harriet Stief

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

14. INFORMANT M. L. English
 (Address) Marion Mo

15. Date of death Aug 8, 1931 Registrar Jacqueline

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1931
 17. _____

HEREBY CERTIFY That I attended deceased from Aug 5, 1931, to Aug 7, 1931 that I last saw him alive on Aug 30, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis
17 1/2
17 3/4 (duration) yrs. mos. 3 da.

CONTRIBUTOR (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 5, 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Postured appendix
 (Signed) J. L. Kettner, M. D.
8-7, 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 New Hope Cem DATE OF BURIAL 8/9 1931

UNDERTAKER William & Fredrick 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.

SEP 24 1931

