

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

Do not use this space.

464

1. PLACE OF DEATH

County Callaway

Registration District No. 104

File No. _____

Township _____

Primary Registration District No. 3008

Registered No. 9

City Fulton

(No. _____)

St. _____ Ward _____

2. FULL NAME

August Luther Jatho

(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

Male

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

Clarice Jatho

6. DATE OF BIRTH (MONTH, DAY AND YEAR) II/6 1893

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
# <u>35</u>	<u>2</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

salesman

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Clothing Store

(c) Name of employer

Dunavant & Gilman

9. BIRTHPLACE (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Henry Jatho

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sallie Herring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14. INFORMANT Henry Jatho

(Address) R.F.D. Fulton Mo.

15. FILED Jan. 7, 1929 R.N. Crews
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I/6 1929

17.

I HEREBY CERTIFY That I attended deceased from Dec 18 1928 to Jan 6 1929

that I last saw him alive on Jan 6 1929 and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
109A

CONTRIBUTORY (SECONDARY)

Bronchitis Pneumonia (duration) yrs. mos. 19 da.

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

AND AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R.N. Crews M. D.

1-7, 1929 (Address) Fulton 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

DATE OF BURIAL

Hillcrest Cemetery

11/8 1929

20. UNDERTAKER

ADDRESS

Herndon Taylor

Fulton 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 important.

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