

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

Do not use this space.

17283

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 5153
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 117

2. FULL NAME Henry 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

MEDICAL CERTIFICATE OF DEATH

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 Sallie Jatho
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/20 1858
 7. AGE YEARS 72 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) _____
 11. Total time (years) spent in this occupation 7000

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 13. NAME Agust Jatho

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Sopa Sartor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Minnie Jatho Fulton Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE 5/25 31 1931

19. UNDERTAKER Herndon Taylor Fulton Mo.
 (ADDRESS)

20. FILED May 25 1931 B. N. Crews
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1931
 22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1931, to May 23 1931
 I last saw him alive on May 23 1931. Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:

An infection & breaking down process of the mediastinal glands.
 Date of onset Feb 1931

Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) B. N. Crews, M. D.
 (Address) Fulton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occurrence is very important.

JUN 24 1931

10/10/20

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Callaway
Township Fulton
City..... (No..... Ward)

Registration District No. 104
Primary Registration District No. 013-3

File No.....
Registered No. 117
St..... Ward)

2. FULL NAME

Henry Jacho

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (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, hr. or min.

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).....
- (c) Name of employer.....

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 73/3/ R. H. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 19 31

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ant infection and breaking down process of the mediastinal glands. (duration)..... yrs. mos. da.
CONTRIBUTOR OF CAUSE OF INFECTION unknown. T.B. not found in sputum.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
....., 19..... (Address)

*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

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. A. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION very important.

SUPPLEMENTARY

S-17283