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

Do not use this space.

11625

File No. [illegible]

Registered No. [illegible]

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 701 Broadway St. Ward)

2. FULL NAME: Decatur Jennings

(a) Residence. No. 701 Broadway St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Jennings

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 1 1866

7. AGE: Years 60 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Furnace Dep of
(b) General nature of industry, business, or establishment in which employed (or employer): Duff & Repp
(c) Name of employer: Lade Co

9. BIRTHPLACE (CITY OR TOWN): Lade Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Robert Jennings

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

12. MAIDEN NAME OF MOTHER: "

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

14. INFORMANT: Laura Jennings
(Address): 701 Broadway

15. FILED: 4/4 27 M. M. Crowe
Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/4 1927

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1927, to April 4, 1927, that I last saw him alive on April 4, 1927, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Intestinal Complications (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF?

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles F. Bonham M.D.

4/4, 1927 (Address) 2600 E 9th Kansas City 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: Mt. Washington — DATE OF BURIAL: 4-5 1927

20. UNDERTAKER: Wm. C. L. Laister — ADDRESS: City

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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