

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

Do not use this space.

35870

File No. _____
Registered No. 178
St. _____ Ward _____

1. PLACE OF DEATH

County Madison
Township _____
City Mexico Mo. (No. _____) St. _____ Ward _____

Registration District No. 24
Primary Registration District No. 3002

2. FULL NAME Mr. Jennie Black

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

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr, Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 59

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House maker
(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) Callaway Co, Mo.

10. NAME OF FATHER Joe Jennings

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

12. MAIDEN NAME OF MOTHER X Unknown

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

14. INFORMANT Ann's sister
(Address) 613 E. 3rd - Mexico Mo

15. Dec 25th 1927 J. A. Milligan
FILED _____ REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 24 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 23, 1927, to Dec 23, 1927 that I last saw her... alive on Dec 23, 1927 and that death occurred, on the date stated above, at not stated m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
11 and 12
1024
11-2-1 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Old eye & weak heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. X

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) W. B. Phillips M. D.

. 19 (Address) Mexico Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mexico Mo. DATE OF BURIAL Dec, 20 1927

20. UNDERTAKER McPherson Bros ADDRESS Mexico Mo.

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

FILED

1928

