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

Do not use this space.

17666

1. PLACE OF DEATH
County Lawrence — Registration District No. 105-D — File No. 4
Township Mt Vernon — Primary Registration District No. 5635 — Registered No. 4
City — (No. ..... St. ..... Ward)

2. FULL NAME Eliza Jennings

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U.S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 James H. Jennings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1859

7. AGE: Years 69 — Months 2 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer: Own Home

9. BIRTHPLACE (CITY OR TOWN) Lawrence Co.
(STATE OR COUNTY) Missouri

PARENTS

10. NAME OF FATHER William Richard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTY) Tenn
12. MAIDEN NAME OF MOTHER Williamson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTY) Missouri

14. INFORMANT W. J. Germany
(Address) Mt Vernon Mo R.F.D.

15. FILED 5/30, 1928 Milton Wheedham REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928 to May 29, 1928 that I last saw h. alive on May 21, 1928 and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastritis
118C 112C
162 (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. W. Bragg, M. D
5/30, 1928 (Address) Sarcoxie 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: Union Cem. — DATE OF BURIAL: May 31 1928

20. UNDERTAKER: Sarcoxie Und Co by O. E. Thayer — ADDRESS: Sarcoxie 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.