JUL 25 1928

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

Do not use this space.

21150

1. PLACE OF DEATH

County: Lewis — Registration District No.: 445

Township: Salem — Primary Registration District No.: 5 Hill

City: ..... (No. ....., ... St., ... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME Williams H. Jennings

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	married

5A. ~~If Married, Widowed, or Divorced~~ HUSBAND OF ~~(or) WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	29	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Lewis Co. Mo
(STATE OR COUNTRY) ~~Jno C. Jennings~~

PARENTS

10. NAME OF FATHER Jno C. Jennings

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

12. MAIDEN NAME OF MOTHER Mary Redding

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

14. INFORMANT Clyde Jennings
(Address) Steffenville, Mo

15. FILED July 16 1928 Alvin T. Neal M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1924, to June 24, 1928 that I last saw h. ~~alive~~ alive on June 23, 1928, and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis

(duration) several yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Organic Pectus

(duration) ..... yrs. ..... mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF none

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clynical

(Signed) Alvin T. Neal, M.D.

July 16 1928 (Address) Steffenville 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: Lewis town Mo — DATE OF BURIAL: June 26 1928

20. UNDERTAKER: Tom Ball — ADDRESS: Ewing 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.