

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Sumner
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3029

X
File No. 134451
Registered No.
St. Ward)

2. FULL NAME

Jennie Ravenscroft
(a) Residence. No. 1304 Russell St., 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 4th - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 - - - 11

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

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

10. NAME OF FATHER Ernie Guffens

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address)

15. FILED 7/18 28 W. E. Storde
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-15-1928

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1928, to July 15, 1928 that I last saw her alive on July 14, 1928, and that death occurred, on the date stated above, at 8, a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial degeneration

93C (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? 8 DATE OF

18. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. E. Storde M. D.
, 19 (Address) Hannibal 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 St. Jude Cemetery DATE OF BURIAL 7-18-1928

20. UNDERTAKER James H. Honeck ADDRESS Hannibal Mo

X. R.—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.

