2 1929

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

Do not use this space.

37900

1. PLACE OF DEATH

County: Randolph — Registration District No.: 735 — File No.:

Township: — Primary Registration District No.: 3034 — Registered No.: 216

City: Moberly (No. Woodland Hospital St. Ward)

2. FULL NAME Jennetta A Whitley

(a) Residence. No. St., Ward. (Usual place of abode) DeWitt Mo. (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: 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: William P Whitley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 21st 1890

7. AGE: Years 38 — Months 7 — Days 27 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(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): Mo

PARENTS

10. NAME OF FATHER: John E Jenkins

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

12. MAIDEN NAME OF MOTHER: Annie Border

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

14. INFORMANT: William A Whitley (Address) DeWitt, Mo.

15. FILED 11/18 1928 Dr. Thos S. Fleming REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Nov. 18, 1928 that I last saw her alive on Nov. 18, 1928, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

143 Accident of Pregnancy (b) Ectopic gestation, ruptured.

142 B

143 B (duration) yrs. mos. ? ds.

CONTRIBUTORY (SECONDARY) 143 B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? DeWitt, Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug 17/28

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) R. D. Streeter, M. D

11-18th, 1928 (Address) Moberly, 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: DeWitt Mo. — DATE OF BURIAL: 11-20th 1928

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly 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.