

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

Do not use this space.

40754

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Blair Primary Registration District No. 1002
 City Kansas City (No. 334) North Oakley

File No. 5130
 Registered No. 5130
 St. _____ Ward _____

2. FULL NAME

Mrs. Jennie Green Skeen
 (a) Residence No. 334 N Oakley St. 10 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
85 | 3 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Memphis, Tenn.
 (STATE OR COUNTRY)

10. NAME OF FATHER Ben Farmer

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

12. MAIDEN NAME OF MOTHER Barnier

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

14. INFORMANT 334 N Oakley
 (Address) Mrs. S. E. Turner

15. FILED 12/14 1928 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13th 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1928 to Dec 13th 1928 that I last saw him alive on Dec 13th 1928 and that death occurred, on the date stated above, at 10:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis chronic
195
115 p

(duration) yrs. 4 mos. 29 da.

CONTRIBUTORY (SECONDARY) La Grippe
 (duration) yrs. ____ mos. 4 da.

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

19. DID AN OPERATIVE PRECEDENT DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Syphilis
12/14 1928 (Signed) Alvin G. Cooker M. D.
 (Address) 626 Laidley Bldg

*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 woodlawn Indep Mo DATE OF BURIAL Dec 15 1928

20. UNDERTAKER D W Newcomer Sons ADDRESS Kans. City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. C. J. Cooper
626 Lathrop Bldg
Victor 0984
P.M. Friday.