

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

Do not use this space.

31471

**1. PLACE OF DEATH**

County Newton Registration District No. 615  
Township Marion Primary Registration District No. 5817  
City (No. ) (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Caroline Ellen Jeanis

(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 6 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF B. F. Jeanis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
84 08 15

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Yemassee  
(STATE OR COUNTRY)

10. NAME OF FATHER W. F. Boy

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

12. MAIDEN NAME OF MOTHER Rebecca

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

14. INFORMANT D. L. Nelt  
(Address) Diamond pk 1

15. FILED 9-3-29 U. S. Chapman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929, to Sept 2, 1929 that I last saw her alive on Sept 2, 1929 and that death occurred, on the date stated above, at 2:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral Insufficiency

18. WHERE WAS DISEASE CONTRACTED Not known  
IF NOT AT PLACE OF DEATH \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) mental abnormality  
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 900  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS P. Kolesno  
(Signed) \_\_\_\_\_, M. D.

9-2, 1929 (Address) Granby 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 Golden Gate Cemetery DATE OF BURIAL Sept 5 1929  
LINDERTAKER J. M. Truman ADDRESS Granby 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.

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FP 26 1929

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