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

Do not use this space.

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1. PLACE OF DEATH
County: Bates — Registration District No.: 366 — File No.: 2
Township: Deepwater Twp. — Primary Registration District No.: 3075 — Registered No.:
City: (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Mabel 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: 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: Edgar Jennings

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 24. 1884

7. AGE: Years 45 — Months 7 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

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): Deepwater Township
(STATE OR COUNTRY): Bates Co Mo.

PARENTS
10. NAME OF FATHER: Nicholas Murphey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Shirley McCracken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: W. R. Murphey
(Address): Spruce Mo.

15. FILED Jan 31, 1930 Grace V. Odneal, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1929, to January 30, 1930 that I last saw her alive on Jan 30, 1930, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia
12 SH
2 SP
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Acute yellow atrophy of liver (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Leo H. Thiele, M. D
1-31, 1930 (Address) Butler 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: Radford Cemetary — DATE OF BURIAL: Feb 1. 1930

20. UNDERTAKER: Culver — ADDRESS: Butler 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.