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

Do not use this space.

8881

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kan — Primary Registration District No. [illegible] — Registered No. 1260

City Kansas City (No. Kansas City Genl Hosp St. ..... Ward)

2. FULL NAME Durward Jennings

(a) Residence. No. 5208 Indep. Ave St. 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	3	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bellboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Avery
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Roy Jennings

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

12. MAIDEN NAME OF MOTHER Breshers, Miss

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

14. INFORMANT Record Clerk
(Address) K. C. Genl Hosp

15. FILED 3/21, 1930 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-21, 1930 to 3-21, 1930 that I last saw h.t. alive on 3-21, 1930 and that death occurred, on the date stated above, at 1:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic Cerebro spinal meningitis

18 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 24 (duration) ..... yrs. ..... mos. ..... 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? Clin. & Lab. Findings

(Signed) P. E. Williams, M. D.

3-21, 1930 (Address) Supt K. C. Genl Hosp

*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	DATE OF BURIAL
Warsaw, Mo.	March 21 1930
20. UNDERTAKER	**ADDRESS**
Mrs. C. L. Forster	K. C. 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.

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

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