

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

Do not use this space.

9961

1. PLACE OF DEATH

County St Charles Registration District No. 757
 Township St Charles Primary Registration District No. 3898
 City (No. St. Ward)

2. FULL NAME

Hulda Jennings
 (a) Residence. No. BB# 13 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 Robert Jennings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 2 12

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) Harvester
 (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Herman Lindemann

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

12. MAIDEN NAME OF MOTHER Hummie Huhلمان

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

14. INFORMANT Robert Jennings
 (Address) BB# 3 St Charles Mo.

15. FILED 3/7, 1930 Hy S Blockbaum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1930, to Mar 3 1930, that I last saw him alive on Mar 3 1930, and that death occurred, on the date stated above, at 11:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebro Spinal Meningitis, Epidemic, a sporadic case.

18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physial Examination History
 (Signed) Will L Freeman, M. D.

Mar 4, 1930 (Address) 3 Masonic Bldg St Charles 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 Friedens Cemetery DATE OF BURIAL Mar 5 1930

20. UNDERTAKER W Hallmeyer & Sons 60 ADDRESS 800 N 2nd St

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

MAR 28 1930

