

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 30 1930

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

Do not use this space.

10003

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Farmington, Mo. (No. ....)

Registration District No. 773  
Primary Registration District No. 6018A

File No. 1773  
Registered No. 44  
St. .... Ward

2. FULL NAME Jennie McInnis

(a) Residence. No. Leasburg, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 14 1930

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

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to Mar. 14, 1930.  
that I last saw her alive on Mar. 13, 1930, and that death occurred, on the date stated above, at 7:05 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30. 1870

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, ..... hrs. or ..... min.  
60 1 14

Apoplexy  
8:00  
97  
..... (duration) ..... yrs. .... mos. .... ds.

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

CONTRIBUTORY (SECONDARY) arteriosclerosis and insanity  
..... (duration) ..... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Leasburg, Mo.  
(STATE OR COUNTRY) .....

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER John West

IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

12. MAIDEN NAME OF MOTHER Anna Lea

WAS THERE AN AUTOPSY? .....

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

WHAT TEST CONFIRMED DIAGNOSIS

14. INFORMANT Hospital Records  
(Address) Farmington, Mo.

(Signed) Ralph Hanks, M. D.

15. FILED 3/15/30 B. G. Brown REGISTRAR

3/14, 1930 (Address) Farmington Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis, Mo. DATE OF BURIAL Mar 16 1930

20. UNDERTAKER Bredmann Funeral ADDRESS 1905 Union

54

235

1

8

1730

6

3  
148

1870

1

30

17

1

141