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

Do not use this space.

16019

File No. 1924
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Wesley Hosp. St. Ward)

2. FULL NAME Lena Arthurine Jennings

(a) Residence. No. 860 1st Ave., Cedar Rapids, Iowa. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	8	5	

8. OCCUPATION OF DECEASED Nurse
(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

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

PARENTS

10. NAME OF FATHER A E Wicher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Graves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT A M Walker (Step Father)
(Address) Cedar Rapids, Iowa.

15. FILED 5/4 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1930, to May 3, 1930 that I last saw her alive on May 3, 1930 and that death occurred, on the date stated above, at 11-15 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Streptococcus Septicemia

36

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

CONTRIBUTORY (SECONDARY) 41

(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? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
Blood Culture
(Signed) R R Claffey M. D.
5/3, 1930 (Address) Grand

*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
Cedar Rapids, Iowa. ~~Mellody McGilley Co.~~	5/5/30 19
20. UNDERTAKER	**ADDRESS**
Mellody McGilley Co.	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.