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

Do not use this space

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 245
Township — Primary Registration District No. 1001 — Registered No. 61
City St. Joseph, (No. 2604 Mitchell Avenue, St. Ward)

2. FULL NAME Martha Ann Jennings,
(a) Residence. No. 2604 Mitchell Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 18 1931

11
5

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

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1849,

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	81	7	18	

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

9. BIRTHPLACE (CITY OR TOWN) Indianapolis,
(STATE OR COUNTRY) Indiana,

PARENTS
10. NAME OF FATHER John Gilliland,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indianapolis
(STATE OR COUNTRY) Indiana,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown, 31

14. INFORMANT Jesse T. Jennings
(Address) 2604 Mitchell Avenue,

15. FILED JAN 17 1931, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1931, to Jany 16, 1931 that I last saw her alive on Jany 15th 1931, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia - Lobar
108
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 108
(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? Clinical diagnosis
(Signed) Arthur H Kelley, M. D.
Jany 16, 1931 (Address) St Joseph 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	DATE OF BURIAL
Bethel Cem. near Cosby, Mo via auto	Jan. 18 1931.

20. UNDERTAKER	ADDRESS
Heaton Bergale & Bowman Funeral Home	319 S. 10 St.