MAR 27 1931

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

Do not use this space.

6776

1. PLACE OF DEATH
County St. Clair — Registration District No. 763 — File No.
Township — Primary Registration District No. 4458 — Registered No. 3
City Lowry City (No. , St. Ward)

2. FULL NAME Sue E. Jennings
(a) Residence, No. St., 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. 1 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) Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Geo. W. Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1856

7. AGE — YEARS 74 — MONTHS 7 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 120 B
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Mo 1

FATHER
13. NAME Shannon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER
15. MAIDEN NAME Britton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 1

17. INFORMANT (ADDRESS) R. N. Jones Lowry City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwater, Mo DATE Mar 1 1931

19. UNDERTAKER (ADDRESS) Firestone Collins Mo.

20. FILED 3/1 1931 Leo S Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931, to Feb 26 1931.
I last saw her alive on 2-26, 1931. Death is said to have occurred on the date stated above, at 4.30 m.
The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency
Acute Hemorrhage Intestine
Treatment

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. S. Stratton, M. D.
(Address) Lowry City

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.