

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

Do not use this space.

9413

1. PLACE OF DEATH

36 County St. Louis Registration District No. 294  
 Township St. Clair Primary Registration District No. 4178  
 City St. Clair (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 19

2. FULL NAME Nancy Zausana Jennings

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Jennings  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2 1879  
 7. AGE YEARS 71 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
 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) St. Clair Mo

13. NAME Madrick Keestut

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Prussia

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair Mo

17. INFORMANT Gora Jennings  
 (ADDRESS) St. Clair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair Mo DATE 3/29 1931

19. UNDERTAKER Cosby  
 (ADDRESS) St. Clair

20. FILED 3/29 1931 W. E. Kitcher  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1931, to 3/26 1931.  
 I last saw her alive on 3/26 1931. Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris.  
Arteriosclerosis  
 Date of onset 3/20/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinic 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? Yes  
 If so, specify W. E. Kitcher, M. D.  
 (Signed) \_\_\_\_\_ (Address) St. Clair Mo

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.

APR 21 1931

