

N. B.—Every item of information should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

19114

1931-5-2
1930-1-7
1-9-19

1. PLACE OF DEATH

94 County St. Francis
Township Cery
City Bonneton, Mo. (No.)

Registration District No. 775-
Primary Registration District No. 6070

File No.
Registered No. 49
St. Ward

2. FULL NAME

Maryland Jean 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 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 | single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-7-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 | 4 | 19

8. OCCUPATION OF DECEASED

(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) Bonneton, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Father G. Jennings

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve, Mo.

12. MAIDEN NAME OF MOTHER Rosa Wideman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bladwell Station, Mo.

14. INFORMANT (Address) Father G. Jennings
Bonneton, Mo.

15. FILED 5/28/31 1931 T. A. Lora
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1931

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to May 26, 1931, that I last saw her alive on May 22, 1931, and that death occurred, on the date stated above, at 5-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Teeth & Indigestion
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds. 2
(duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Etymology
(Signed) Lee Turley, M. D.
5-28, 1931 (Address) Bonneton, 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 St. Joseph Catholic Cemetery DATE OF BURIAL 5/28/31

20. UNDERTAKER Benham and Co. ADDRESS Bonneton, Mo.

JUN 29 1931

