

Dr Allen

Do not use this space.

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

21960
File No. _____
Registered No. 40
St. _____ Ward _____

1. PLACE OF DEATH

54 County *Lafayette*
Township *Washington*
City _____ (No. _____)

Registration District No. *464*
Primary Registration District No. *5626*

2. FULL NAME

Lula B Jennings

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov-11-1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *(S.S.)*
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) *Lafayette Co. Mo.*

13. NAME *Robert Jennings*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lafayette Co. Mo.*

15. MAIDEN NAME *Elizabeth Whitsett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *Albert Jennings*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brenton* DATE *June 20 1931*

19. UNDERTAKER (ADDRESS) *Blinson Bros. Madison, Mo.*

20. FILED *7/4* 19. *31* *R C Schooley* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/19 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 4*, 19*29*, to _____, 19____. I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at *6 A.M.* The principal cause of death and related causes of importance were as follows:

Carcinoma of the breast
50
470 50

Other contributory causes of importance: *Pulmonary Metastasis*

Name of operation *Breast amputation* Date of _____
What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

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 *no*
(Signed) *Dr Allen*, M. D.
(Address) *Independence 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.

25 1931

