

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

Do not use this space.

22583

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. 1)

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

Registered No. 77 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jennie Ruth East

(a) Residence, No. Jadwin, Mo. 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**

Female

**4. COLOR OR RACE**

White S

**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)** unknown

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

34

2

2

**OCCUPATION**

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.

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)**

Jadwin, Mo.

**FATHER**

13. NAME William East

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

Virginia

**MOTHER**

15. MAIDEN NAME Julia Richie

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

Indiana

17. INFORMANT Hospital records  
(ADDRESS) Farmington, MO.

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Hospital Cemetery DATE 6-4 1931

**19. UNDERTAKER (ADDRESS)**

Hospital No 4, Farmington, Mo.

**20. FILED**

6-4-1931 F. J. Cabrean Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1931 to June 2, 1931

I last saw her alive on June 1, 1931 Death is said to have occurred on the date stated above, at 1:20 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset

Other contributory causes of importance:

Cholethiasis and insanity

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Ralph Starks, M. D.

(Address) Farmington, Mo.

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.

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

JUL 28 1931

