

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.

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

Do not use this space.

25350

1. PLACE OF DEATH

County JasperRegistration District No. 407Township JasperPrimary Registration District No. 4241City Jennings (No. 1)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 11th & 1st St., Jennings 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 18437. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 6 128. 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.

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) Jennings, Mo.13. NAME Jacob F. Frazier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Elizabeth R. Rouch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings, Mo.17. INFORMANT (ADDRESS) James Jackson18. BURIAL, CREMATION, OR REMOVAL PLACE Jennings, Mo. DATE July 7, 193119. UNDERTAKER (ADDRESS) Webb City Undertaking Co.20. FILED July 6, 1931 H. L. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 193122. I HEREBY CERTIFY That I attended deceased from May 17, 1931 to July 5, 1931I last saw him/her alive on July 5, 1931 Death is saidto have occurred on the date stated above, at 11 P. m.

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

Cerebral hemorrhage
95B
82A 95B

Date of onset

Other contributory causes of importance:

Coronary heart diseaseName of operation Clinical Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No23. 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) R. M. Stornament, M. D.(Address) Webb City, Mo

AUG 26 1931

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