

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

Do not use this space.

27752

1. PLACE OF DEATH
 County Cedar Registration District No. 166
 Township Washington Primary Registration District No. 3232
 City Caplinger Mills (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 34

2. FULL NAME Jinnesee Dora Keith
 (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fines Keith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1902		
7. AGE YEARS 29	MONTHS 3	DAYS 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife		
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) Caplinger Mills Cedar		
13. NAME Jim McMillen		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Rose Bunch		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Fines Keith Caplinger Mills		
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Union DATE 8/17/31 19		
19. UNDERTAKER (ADDRESS) W.C. Davis & Co. Stockton		
20. FILED Sept 31 1931 G. S. Smith Registrar Mary Bayers		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/16/31** 19

22. I HEREBY CERTIFY, That I attended deceased from **8-10**, 19**31**, to **8-16**, 19**31**
 I last saw her alive on **8-10**, 19**31**. Death is said to have occurred on the date stated above, at **11:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Purpural Septicemia
 Date of onset _____

Other contributory causes of importance:
1450

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) **H. A. Sowell**, M. D.
 (Address) **Stockton 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.

SEP 22 1931

