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

Do not use this space.
960
13,14.

File No.
Registered No. 4

48 1. PLACE OF DEATH
County Jackson Registration District No. 398
Township ~~Kansas~~ Blue Primary Registration District No. 5554
City ~~Independence~~ (No. 213 So. Ash, Ave, St. Ward)

2. FULL NAME Jennie L. Jagnes
(a) Residence, No. 213 So. Ash 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.

FEB 24 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-11-1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	10	24	

OCCUPATION
8. 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. none
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) Illinois

FATHER
13. NAME Marvin K. Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Ms Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms Record

17. INFORMANT Kenneth F. Jagnes
(ADDRESS) 213 So Ash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE Jan 1932

19. UNDERTAKER Mrs. C. L. Lanter
(ADDRESS) 918 Brooklyn ave

20. FILED Jan 6 1932 H. Cook
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-5-1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
1248	
928 / 248	

Other contributory causes of importance:
Cirrhosis Liver

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Stanley Tackell, M. D.
(Address) Hayti Coroner

R. B.—Every item must be answered. 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.