

Sallie A Jennings
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

45 County Howard
 Township Moniteau
 City (No. _____) _____

Registration District No. 378
 Primary Registration District No. 5-5-32

File No. 12379
 Registered No. 33
 St. _____ Ward _____

2. FULL NAME

Sallie A Jennings
 (a) Residence, No. Howard Co. Mo. St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. A. Jennings</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 1 - 1863</u>				
7. AGE YEARS <u>69</u>	MONTHS	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>			
	10. Date deceased last worked at this occupation (month and year) <u>March 1932</u>			
11. Total time (years) spent in this occupation <u>40 years</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. 1</u>				
MOTHER	13. NAME <u>T. G. Southland</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky 2</u>			
	15. MAIDEN NAME <u>Abigail Butler</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Mrs. D. Arcum, Mrs. Bond</u> (ADDRESS) <u>9 Archer St. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Big Springs</u> DATE <u>April 6th 1932</u>				
19. UNDERTAKER <u>C. Duncan</u> (ADDRESS) <u>New Franklin</u>				
20. FILED <u>5-7-32</u> 19 <u>32</u> <u>F. C. Bonham</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4/1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1932 to April 4th 1932
 I first saw her alive on April 3 1932. 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:
Uremia
 Date of onset 4/1/32
131
136/31 (1)
 59000
 Other contributory causes of importance
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Urin Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. E. Pugh, M. D.
 (Address) W. E. Pugh, 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.

MAY 25 1932

