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

MARGIN RESERVED FOR BINDING

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.

JUL 27 1932

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

Do not use this space.

20522

1. PLACE OF DEATH
87 County Ralls
Township Center
City .... (No. .... St. .... Ward)

Registration District No. 725
Primary Registration District No. 5956

File No. ....
Registered No. ....

2. FULL NAME Phillip H Jenney

(a) Residence, No. .... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Annie Jenney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/15/1867

7. AGE: YEARS 65, MONTHS 1, DAYS 14. If LESS than 1 day, ... hrs. or .... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Illinois 2

FATHER
13. NAME Frank Jenney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Morris Jenney
(ADDRESS) Perry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Mo. DATE 6/30 1932

19. UNDERTAKER Geo Rouse
(ADDRESS) Perry Mo.

20. FILED 6/30 1932 J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dead, when I saw him, 19....
I last saw h........ alive on ...., 19........ Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Artiroslerosis,
Harding of arteries
97
97
Other contributory causes of importance:
1
(1)

Name of operation none Date of ....
What test confirmed diagnosis? Observation 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? No
If so, specify ....
(Signed) F. W. Monroe, M. D.
(Address) Center Mo

V. S. No. 2.