

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

Do not use this space.

**32143**

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 398  
 5 Township Blair Primary Registration District No. B019  
 8 City Independence (No. Independence) Sanitarium St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 300

**2. FULL NAME**

Ada Stella Jennings  
 (a) Residence, No. East Pacific + Roger 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 <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>Stephen J. Jennings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>25</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>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>Cuba Ill.</u>		
FATHER	13. NAME <u>William Bradford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bond Co.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cuba Ill.</u>	
17. INFORMANT (ADDRESS) <u>Stephen Jennings</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Ground Grove</u> DATE <u>Oct. 4</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>C. P. Cannon &amp; Son</u>		
20. FILED <u>Oct 3</u> 19 <u>32</u> <u>J. Cook</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Oct 1, 1932  
 I last saw her alive on Oct 1, 1932. Death is said to have occurred on the date stated above, at 10:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset	<u>107A</u>
	<u>1140</u>
	<u>1070</u>

Other contributory causes of importance:  
Pneumonia  
Lung Abscess

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? J. Ray Was there an autopsy? No

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) R. F. Hackett M.D., M. D.  
 (Address) Independence, 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.

NOV 2 3 1932

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

