

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

Do not use this space.

32981

1. PLACE OF DEATH

69 County Mauroe
Township Woodlawn
City (No.) St. Ward

Registration District No. 5-87
Primary Registration District No. 1985-

File No.
Registered No. 4
St. Ward

2. FULL NAME

(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 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 Belle Jennings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.

62 8 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mauroe Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Jennings

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Blaine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY)

14. INFORMANT Mrs. Belle Jennings
(Address) Dundas Bridge

15. FILED Oct 28 1932 F. Middleton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1932 to Oct 1st 1932 that I last saw him alive on Oct 1st 1932 and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of sigmoid
HOC

CONTRIBUTORY (SECONDARY)

1760 (duration) yrs. mos. ds.

1760 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH (1)

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Hyatt M. D.
19 Oct (Address) Clarence Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Helps Cemetery DATE OF BURIAL Oct 15 1932

20. UNDERTAKER Swan-Reardon ADDRESS Oct 22 33
Moberly 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.

NOV 20 1932

NOV 28 1932

PARENTS

