

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

Do not use this space.

36878

1. PLACE OF DEATH

94 County St. Francois Registration District No. 714
Township 1 Primary Registration District No. 0018B
City Esther (No. _____) St. _____ Ward _____

File No. 318

Registered No. _____

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. ____ mo. ____ ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 9M 4. COLOR OR RACE 9W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

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) Esther MO

13. NAME Henry B. Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Esther Mo.

15. MAIDEN NAME Christine Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wal Run Mo.

17. INFORMANT Henry B. Jennings
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Parish Hall DATE Nov. 6 1932

19. UNDERTAKER C. J. Buser
(ADDRESS) 102 West 1st St. Mo.

20. FILED Nov 30 1932 W. S. Dwyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Nov 6 1932

I last saw him alive on Nov 6 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Supra renal apoplexy

68 / 120

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Examination Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury _____, 19____

Where did injury occur? L (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul L. Jones, M. D.

(Address) Esther 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.

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

JAN 1 1933

