

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

Do not use this space.

41069

1. PLACE OF DEATH
 39 County Greene Registration District No. 320
 Township Center Primary Registration District No. 1743
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME A. J. Jennings
 (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 MRS. HATTIE JENNINGS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-17-1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. or min.
56 6 14 ✓

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. BANK CASHIER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Usual
 10. Date deceased last worked at this occupation (month and year) 1-30-1933 11. Total time (years) spent in this occupation. 25

12. BIRTHPLACE (CITY OR TOWN) NEAR CARTHAGE
 (STATE OR COUNTRY) MISSOURI

MOTHER FATHER
 13. NAME WILLIAM J. JENNINGS

14. BIRTHPLACE (CITY OR TOWN) MT VERNON
 (STATE OR COUNTRY) MISSOURI

15. MAIDEN NAME SARAH J. ALLEN

16. BIRTHPLACE (CITY OR TOWN) MT VERNON
 (STATE OR COUNTRY) MISSOURI

17. INFORMANT Elena Mae Jennings
 (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE UNION CEM. Kansas Co DATE 2-2-1933

19. UNDERTAKER Pelham & Hay
 (ADDRESS) Boonville Mo

20. FILED 2/1 1933 Lucy E. Hayes Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) F= 31 , 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on 1-31, 1933 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Gunshot wound - 38 Cal
Pistol, which passed
left lung - death caused
by hemorrhage
 Other contributory causes of importance:
167
103B/67

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide 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? _____
 If so, specify _____
 (Signed) Alvin George Conover
 (Address) Greenville 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.

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