MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

6010

1. PLACE OF DEATH

County Jac Ksow — Registration District No. 389 — File No. 970

Township Kaw — Primary Registration District No. 1003 — Registered No.

City Kansas (No. 1516, E- 49th St. Ward)

2. FULL NAME Mrs Jennie M Lake

(a) Residence, No. 1516 E- 49th St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

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 Jacob W Lake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-12-1883

7. AGE YEARS 49 MONTHS 3 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Florence Kansas

FATHER

13. NAME James J Tennyson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Cullins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Jacob W Lake 1516 E- 49th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Moriah DATE Feb-28 1933

19. UNDERTAKER (ADDRESS) W. Newcomers Sons Kansas City - Mo

20. FILED 2/27 1933 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1933, to 2-25, 1933

I last saw her alive on 2-23, 1933. Death is said to have occurred on the date stated above, at 4:40 p.m.

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

| | Date of onset |
|---|---|
| 1A Acute Myocarditis | |
| 3A Mitral Regurgitation | |

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) J E Ball, M. D.

(Address) 1102 E 47