

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

Do not use this space.

13145

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Independence (No. 11608 East 16th Street) St. _____ Ward _____

File No. _____
 Registered No. 148
 St. _____ Ward _____

2. FULL NAME

Alma A. Jinnan
 (a) Residence, No. 11608 East 16th Street 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 Love Jinnan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1902
 7. AGE YEARS 31 MONTHS 3 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Nickel Plate Polisher 23 ft
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no plating co
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Missouri

13. NAME George Jinnan

14. BIRTHPLACE (CITY OR TOWN) Polaski County
 (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mattie Helmer

16. BIRTHPLACE (CITY OR TOWN) Livingsston Co
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Love Jinnan
11608 East 16th St. Ind. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Olive DATE May 2, 1933

19. UNDERTAKER (ADDRESS) Carroll Funeral Home
Independence Mo

20. FILED May 3, 1933 F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1933 to April 30, 1933
 I last saw him alive on April 30, 1933 Death is said to have occurred on the date stated above, at 1245th

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

Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? Churcal 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? yes
 If so, specify Metals Polisher

(Signed) H. Allen, M. D.
 (Address) Independence 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.

MAY 22 1933

