

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

25399

1. PLACE OF DEATH

106 County Taney. Registration District No. 861 File No. _____
 Township Beaver. Primary Registration District No. 6127 Registered No. 12
 City Brown Branch, (No. _____) St. _____ (Ward _____)

2. FULL NAME Josephine Jennings.

(a) Residence No. (In Country) 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1932.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of J.W. Jennings.

17. I HEREBY CERTIFY That I attended deceased from July 10th, 1932, to July 12th, 1932, that I last saw her alive on July 9th, 1932, and that death occurred, on the date stated above, at July 12th 3 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19/1862.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 23

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dropsy
950 (duration) 2 yrs. 95 mos. 10 ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife.
 (b) General nature of industry, business, or establishment in which employed (or employer) XXX
 (c) Name of employer XXX

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Lawrence County, Missouri.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Douglas Co Mo
 IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Family Record Destroyed. XX

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Record Destroyed.

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. L. Collins, M. D.
 19 Rome Mo (Address)

12. MAIDEN NAME OF MOTHER (Cant Give It.) XXX
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (Cant Give it.)

*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. (See reverse side for additional space.)

14. INFORMANT Oscar Jennings,
 (Address) Brown Branch, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery at Walnut Grove, Douglas Co., Mo. DATE OF BURIAL July 13/

15. FILED 7-12-32 Jessie Brown

20. UNDERTAKER _____ ADDRESS 1922

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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27.5.50

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Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneum
pneumonia ("Pne
Tuberculosis of
Carcinoma, Sarco
gin; "Cancer" is
for malignant neo
Chronic valvular
nephritis, etc. T
tercurrent) affect
portant. Examp
29 ds.: Bronchi
Never report mere
such as "Astheni
atic), "Atrophy,"
sions," "Debility
"Dropsy," "Exha
orrhage," "Inani
"Shock," "Uremi
definite disease c
Always qualify al
birth or miscarria
"PUERPERAL peri
which surgical o
VIOLENT DEATHS s
as ACCIDENTAL,
probably such, if i
Examples: Accide
way train—accide
homicide; Poisoned
The nature of the
consequences (e. g.
under the head of
tions on statement
Committee on N
Medical Association

NOTE.—Individual o
able terms and refuse t
Thus the form in use in
will be returned for add
the following diseases,
of death: Abortion, cel
rhage, gangrene, gastric
necrosis, peritonitis, ph
But general adoption of
vast improvement, and
date.

ADDITIONAL SP