

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

Do not use this space.

27304

82 1. PLACE OF DEATH *Pike*
 County *Pike* Registration District No. *684*
 1 Township *Cross* Primary Registration District No. *4408*
 2 City *Bowling Green* (No. _____) St. _____ Ward _____

2. FULL NAME *George W. Jennings*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lizzie Jennings</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 17-1869</i>				
7. AGE	YEARS <i>63</i>	MONTHS <i>11</i>	DAYS <i>7</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired R. B</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Carpenter</i>			
	10. Date deceased last worked at this occupation (month and year) <i>1920</i>		11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Near Bowling Green Va</i>				
MOTHER FATHER	13. NAME <i>John Jennings</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va</i>			
	15. MAIDEN NAME <i>Susan Coward</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Va</i>				
17. INFORMANT <i>Lizzie Jennings</i> (ADDRESS) <i>Bowling Green Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bowling Green</i> DATE <i>8-23</i> 19 <i>33</i>				
19. UNDERTAKER <i>W. B. Clinon</i> (ADDRESS) <i>Bowling Green</i>				
20. FILED <i>9/10/33</i> 19 <i>33</i> <i>W. B. Clinon</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-23* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 19 1927* to *Aug 21 1933*
 I last saw h. *alive* on *8-21 1933* Death is said to have occurred on the date stated above, at *7 p.m.*
 The principal cause of death and related causes of importance were as follows:
Chronic Interst Nephritis terminating with Apoplexy
 Date of onset _____

Other contributory causes of importance: *31*

Name of operation _____ 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. H. Hilschen*, M. D.
 (Address) *Bowling Green 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.

SEP 26 1933

