

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

Do not use this space.

FEB 20 1935

1. PLACE OF DEATH

County.....Buchanan.....
Township.....
City.....St. Joseph,..... (No. 807 Messanie St.)

Registration District No. 85
Primary Registration District No. 1001

File No. 240
Registered No. 69
St. _____ Ward _____

2. FULL NAME

Geraldine Jeanette Jennings

(a) Residence, No. 807 Messanie St......St.,Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 1 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11, 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>3</u>	<u>10</u>	<u>1</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None.</u>
	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).....St. Joseph,.....
(STATE OR COUNTRY) Mo.

13. NAME.....Gerald Jennings

14. BIRTHPLACE (CITY OR TOWN).....Huntington,.....
(STATE OR COUNTRY) Oregon.

15. MAIDEN NAME.....Clara Rist

16. BIRTHPLACE (CITY OR TOWN).....Clarksdale,.....
(STATE OR COUNTRY) Mo.

17. INFORMANT.....Gerald Jennings
(ADDRESS) 807 Messanie St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Jan. 14, 1935

19. UNDERTAKER.....Walter Meinhoffer
(ADDRESS) 1802 Faraon St. St. Joseph, Mo.

20. FILED Jan 14 1935 19.....John B. Bender,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1934 to Jan 12 1935
I last saw h. or alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 5.30 m. P. M.

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

Dec 1, 1934
Influenza followed by acute endocarditis

Other contributory causes of importance:

11 B

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 100

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? No
If so, specify.....
(Signed) Dr. Amos W. M. Phair M. D.
(Address) 2208 Frederick Ave. St. Joseph,
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.

