Cunningham

JUN 3 1935

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

Do not use this space.

13919

1. PLACE OF DEATH
County Pike
Township ~~Buffalo~~
City Louisiana
Registration District No. 689
Primary Registration District No. 3033
(No. Pike Co. Hospital St. Ward)
File No.
Registered No.

2. FULL NAME Wyatt Edward Jennings
(a) Residence, No. N 7th 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

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 ~~[illegible]~~ Susie Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-8-1869

7. AGE: Years 65, Months 10, Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer
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) Pike Co., Mo-

FATHER
13. NAME Joshua Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

MOTHER
15. MAIDEN NAME Harriet Lowery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co., Mo-

17. INFORMANT (ADDRESS) Mrs. Effie Todd (daughter) Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS) F C Haley Louisiana Mo

20. FILED 4/28 1935 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1935, to 4-27, 1935
I last saw him alive on 4-27, 1935 Death is said to have occurred on the date stated above, at 6:40 A.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: Chronic Myocarditis

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? No 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E C Cunningham, M. D.
(Address) Louisiana Mo

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.