

AUG 19 1935

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Ango
City (No.) St. Ward

Registration District No. 504
Primary Registration District No. 5717

File No. 23697
23
Registered No.

2. FULL NAME Bessie Jennings

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

Length of residence in city or town where death occurred - yrs. - mos. 27 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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23-1935</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY) <u>Ango, Mo.</u>		
FATHER	13. NAME <u>Robert Jennings</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Melvina Eppely</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ango, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Robert Jennings</u> <u>Ango, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ma Orest Cem</u> DATE <u>July 23, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Jas. M. Haushlin</u> <u>Macon, Mo.</u>		
20. FILED <u>July 23, 1935</u> <u>O. Orest</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1935

22. I HEREBY CERTIFY That I attended deceased from June 23, 1935 to June 23, 1935.
I last saw her alive on June 23, 1935. Death is said

to have occurred on the date stated above, at S.P. m.
The principal cause of death and related causes of importance were as follows:

Don't know
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

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) O. Orest, M. D.
(Address) New Columbia, 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.

