

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

Do not use this space.

DEC 30 1935

**1. PLACE OF DEATH**

County Saline Registration District No. 793  
 Township Elmwood Primary Registration District No. 6036  
 City (No. St. Ward)

File No. 38216

Registered No.

**2. FULL NAME** Jennie Savage Dingley

(a) Residence, No. Mt. Leonard, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Dingley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) England

13. NAME Richard Savage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Ann Fipps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Roy Dingley  
Mt. Leonard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Springs Cemetery Nov. 18, 1935

19. UNDERTAKER (ADDRESS) T. W. Campbell  
Marshall, Mo.

20. FILED 12-26-1935 Minnie Book  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to Nov 16, 1935

I last saw him alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 3:40 m.

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

Date of onset

Bright's Disease 2-34  
myocarditis 9-35

Other contributory causes of importance:

Name of operation MI Date of MI  
 What test confirmed diagnosis? clinical 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

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) L. S. James, M. D.  
 (Address) Blackburn, 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.

