

JAN 17 1936

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

Do not use this space.

40192

1. PLACE OF DEATH

County Surge
Township Chillicothe
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 160
St. _____ Ward _____

2. FULL NAME

Jefferson Davis Jennings

(a) Residence, No. _____ 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 M 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 Hannah A Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1861

7. AGE YEARS 74 MONTHS 6 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blind
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. could not work
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) Missouri

FATHER 13. NAME James Jennings

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

MOTHER 15. MAIDEN NAME Caroline Fletcher

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

17. INFORMANT Mrs Hannah Jennings (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE Dec 18 1935

19. UNDERTAKER Thompson (ADDRESS) Chillicothe, Mo.

20. FILED Dec 16, 1935 Donald R. Davelle Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1935, to Dec 15, 1935. I last saw him alive on Dec 15, 1935. Death is said to have occurred on the date stated above, at 6 A.M.

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

Bronchial pneumonia Date of onset 12-13-35

Other contributory causes of importance _____

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? No
If so, specify _____

(Signed) F. S. Davelle, M. D.
(Address) Chillicothe, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

