

JAN 13 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo. (No. Barnes Hospital)

File No.
Registered No. **10235**
St. Ward)

2. FULL NAME Dr. John Ellis Jennings

(a) Residence, No. 4339 Miss Pherson St., 19 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Musser</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27 1862</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>	DAYS <u>18</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>Physician</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>Harrisburg Pa</u>				
MOTHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Mrs Margaret Jennings</u> (ADDRESS) <u>4339 Miss Pherson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> DATE <u>Dec 5th 1935</u>				
19. UNDERTAKER <u>Car. Lupton & Sons</u> (ADDRESS) <u>4449 Olive St.</u>				
20. FILED - <u>5</u> 19 <u>35</u> <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10 1935, to December 5 1935
I last saw him alive on December 5 1935. Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Uremia Results of Chr Nephritis
Other contributory causes of importance:
Cardiac Decompensation

Date of onset <u>11-30-35</u>

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? No
If so, specify.....
(Signed) Ernest J. Green, M. D.
(Address).....
BARNES HOSPITAL

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.

