

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.

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

Do not use this space.

FEB 20 1936

1354

1. PLACE OF DEATH

County Jackson Registration District No. 379
 Township Jean Primary Registration District No. 1002
 City Jackson City (No. 1002) (Gen. Hosp.)

File No. _____
 Registered No. 207
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 519 Main 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 54

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>9</u>	<u>29</u>	

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

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 Jonathan Gentle

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

15. MAIDEN NAME Eliz. Skinner

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

17. INFORMANT De Wad Clark

(ADDRESS) 120 Gen. Hosp. 1200

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Jan 15 36

19. UNDERTAKER Cylar Funeral Home

(ADDRESS) 25 E. 2nd

20. FILED Jan 13 1936 M. M. Kerwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1936 to 1-11 1936

I last saw her alive on 1-11 1936 Death is said

to have occurred on the date stated above, at 12:55 PM

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

Generalized Arterio-sclerosis with arterio-sclerotic Heart Disease

Chronic Glomerular nephritis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) J. J. Gennet M. D.

(Address) 120 Gen. Hosp.

