

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

Do not use this space.

APR 23 1936

10539

1. PLACE OF DEATH

County Johnson
 Township Frank
 City St. Leo (No. 4644-E-9-24)

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 1705
 St. _____ Ward)

2. FULL NAME

Jennie Binner

(a) Residence, No. 4644-E-9-24 St., _____ Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Binner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23 - 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>9</u>
	DAYS <u>12</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>Housework</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>WV - Unknown</u>		
FATHER	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 (ADDRESS) <u>Mrs. J. J. Riddell</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>WV - City of No. DATE March 5, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>C. F. Blackburn</u>		
20. FILED <u>3/6</u> 19 <u>36</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to March 6, 1936
 Last saw her alive on March 5, 1936. Death is said to have occurred on the date stated above, at 2nd pm.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial degeneration
 Date of onset 131

Other contributory causes of importance:
Chronic Infectious nephritis, Dropsy & Anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? St. Ch 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?
 If so, specify _____
 (Signed) Frank Chaney
 (Address) 4316 E 9th St.

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.

