

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

7. Do not use this space.

35636

OCT 5 1936

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1008
DePaul Hospital

File No.....
Registered No. 9252
St..... Ward.....

2. FULL NAME Jennie May Dutton

(a) Residence, No. St. NR Ward.....

Desota, Missouri
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 3 4

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

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) Desota, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME J. W. Hunt

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

MOTHER 15. MAIDEN NAME Sarah Williams

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

17. INFORMANT Christina Podesta
(ADDRESS) Festus, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Mo. DATE Sept. 7th 1936

19. UNDERTAKER Albert H. Hoppe
(ADDRESS) 429 N. Euclid Avenue.

20. FILED SEP 7 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1936 to Sept 5th 1936
I last saw her alive on Sept 5th 1936 Death is said to have occurred on the date stated above, at 7:30 P. M.

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

General Peritonitis

Date of onset

Other contributory causes of importance: cholelithiasis
Gangrene of cystic duct
with rupture of gall bladder
and abscess formation

Name of operation Cholecystectomy Date of Aug 22nd
What test confirmed diagnosis? Operation 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) Andrew J. Giffurges M. D.
(Address) 2745 N Grand Blk.

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.

2745 N. Grand
C 1406
9-10 AM. June