

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

Do not use this space.

APR 8 1937

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Maucses City (No. 401)

Registration District No. 399  
Primary Registration District No. 100436  
to District 36

File No. 9381  
Registered No. 1097 (Ward)

**2. FULL NAME**

Jennie A Van Pelt

(a) Residence, No. 401 - East 36th, 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 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 Frank S. Van Pelt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1865  
7. AGE YEARS 71 MONTHS 3 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1937  
22. I HEREBY CERTIFY, That I attended deceased from Nov 28 to Feb 1  
I last saw her alive on Feb 24, 1937 Death is said to have occurred on the date stated above, at 7 a m.  
The principal cause of death and related causes of importance were as follows:

Branchio-pneumonia  
131

Other contributory causes of importance:  
Cerebral hemorrhage  
Hypertension - Cerebral  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chest 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) D. D. DeLamant M. D.  
(Address) 4900 E. 24th St. K. C. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
13. NAME Jacob Beam  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
15. MAIDEN NAME Bendah Mullins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
17. INFORMANT J. C. Beam (ADDRESS) 1350 Grace, Conn. Ohio  
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE March 3 - 1937  
19. UNDERTAKER Mrs. C. L. Gardner (ADDRESS) 915 Broadway, Ave.  
20. FILED 372 1937 M. M. Brown Registrar.

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.

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

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22  
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