

APR 8 1937

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

Do not use this space.

9453

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kearney Primary Registration District No. 1002  
City Kansas City (No. K C Gen Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1200  
Registered No. \_\_\_\_\_

2. FULL NAME

Wall Jennings  
(a) Residence, No. 4025 W. Belmont Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1898

7. AGE YEARS 39 MONTHS 1 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mo

13. NAME Albert Wall

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

15. MAIDEN NAME Ida Wood

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

17. INFORMANT (ADDRESS) Peard Chesson

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE 3/8/37

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster

20. FILED Feb 7 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-12-37 to 3-5-37, 1937

I last saw him alive on 3-5-37, 1937 Death is said

to have occurred on the date stated above, at 7:00 AM

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

osteomyelitis right femur and clench non tuberculous  
Date of onset 1930

Other contributory causes of importance:  
Bilateral Broncho-pneumonia; Abscesses of kidney non tuberculous

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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) R. F. De Marco, M. D.  
(Address) K C Gen Hosp

WRITE PLAINLY, WITH FADING 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.

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