

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County Pettis  
Township  
City Green Ridge (No. .... St. .... Ward)

Registration District No. 664  
Primary Registration District No. 4397

File No. 17204  
Registered No. 6

**2. FULL NAME**

Jennie Belle Habecker

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>		<u>10</u>	<u>27</u>	

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

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) Jan 28 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Ridge Mo

13. NAME E. M. Phillips

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

15. MAIDEN NAME Mary J. Melvin

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

17. INFORMANT (ADDRESS) Mrs Helen Gull Green Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE 4/6 1937

19. UNDERTAKER (ADDRESS) L. R. Thomas Green Ridge Mo

20. FILED Apr 6 1937 W. R. Shelby Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1936, to Apr 5, 1937

I last saw her alive on Apr 5, 1937. Death is said to have occurred on the date stated above, at 7:25 A. m.

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

Diabetes mellitus Date of onset O.K.

Other contributory causes of importance: Asthma 1/30/37

Name of operation Date of operation  
What test confirmed diagnosis? Clinical 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  
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) H. A. Hite, M. D.  
(Address) Green Ridge

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

