

JUN 2 1 1937

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

Do not use this space.

## 1. PLACE OF DEATH

42 County Henry  
 Township Springfield  
 City                      (No.                     )

Registration District No. 349  
 Primary Registration District No. 5500

File No. 20172  
 Registered No. 12  
 St.                      Ward                     

2. FULL NAME Mrs. Mollie Journey Jennings(a) Residence, No.                      St.                      Ward.                     

(Usual place of abode)

(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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFCheiver Jennings6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1877

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.6030

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Domestic9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.At home10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN) Henry County  
(STATE OR COUNTRY) Missouri

## 13. NAME

Emmett Journey14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Charles  
Missouri

## 15. MAIDEN NAME

Jane Carleton16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri17. INFORMANT Cheiver Jennings  
(ADDRESS) Calhoun, Missouri18. BURIAL, CREMATION, OR DISPOSAL Mr. Blunt  
PLACE Henry Co. Mo. DATE April 30, 193719. UNDERTAKER Huston-Turner  
(ADDRESS) Windsor, Missouri20. FILED 4-30 1937 Mrs. A. A. Gray  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 19 3722. HEREBY CERTIFY, That I attended deceased from April 25, 1937 to April 29, 1937I last saw him alive on April 28, 1937 Death is saidto have occurred on the date stated above, at 12:30 a m

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

Lobar pneumoniaDate of onset  
April 26Other contributory causes of importance  
Chronic arthritis.Several yearsName of operation                      Date of                       
What test confirmed diagnosis?                      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? NOIf so, specify                     (Signed) J. Jennings(Address)

