AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township [illegible]
Near City Farmington Mo. No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 28230
Registered No. 128

2. FULL NAME George J. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1894

7. AGE 46 — YEARS 42 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete Finisher
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) Farmington, Mo

FATHER
13. NAME Charles Jennings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo

MOTHER
15. MAIDEN NAME Ann Highley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

17. INFORMANT (ADDRESS) Mrs. Pearl Jennings Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview DATE 7-25 1937

19. UNDERTAKER (ADDRESS) Neidert Mud Co Farmington, Mo

20. FILED 7/21 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By inquest, to ~~to~~ ~~to~~ ~~I last saw~~ ~~alive~~ on July 21, 1937 Death is said to have occurred on the date stated above, at 9 30 m.

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

Jurys Verdict - 2034 accidental death from a fall down an elevator shaft while employed by McCarthy Const Co

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray 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? .....
If so, specify .....

(Signed) Elena Province
(Address) Coroner St Francois County Flat River Mo.

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.