

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

Do not use this space.

1. PLACE OF DEATH
 42 County Henry Registration District No. 349
 Township Springfield Primary Registration District No. 5500
 City (No. St. Ward)

File No. 2895
 Registered No. 571

2. FULL NAME James Columbus Jennings 550
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Mrs. Adda Glover Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 9

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Henry County
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Thomas Jefferson Jennings
 14. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Elizabeth Bradley
 16. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

17. INFORMANT Earle Jennings
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor, Mo. DATE Dec. 3 37

19. UNDERTAKER Huston-Turner
 (ADDRESS) Windsor, Missouri

20. FILED 1-14 1937 Mrs. A. G. Gray
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1937

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1937, to Dec 2 1937
 I last saw deceased alive on Dec 2 1937. Death is said

to have occurred on the date stated above, at 12:07 A M
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Influenza

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis: Autopsy 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? No
 If so, specify _____
 (Signed) E. Jennings M. D.
 (Address) Windsor Mo.

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

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH