

22410

JUL 22 1938

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

1. PLACE OF DEATH

County MarionRegistration District No. 547Township MoranPrimary Registration District No. 3079City Hannibal(No. 2678)Bird St

File No. _____

Registered No. 185

St. _____

Ward _____

2. FULL NAME John Jenner(a) Residence, No. 2620 Bird 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWhiteWidowed

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

Ursula Jenner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1851

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

8723

OCCUPATION

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

Car Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C. B. & O. R. R.

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)

England

13. NAME

Henry Jenner

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

England

15. MAIDEN NAME

Elizabeth

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

England

17. INFORMANT

(ADDRESS) Mrs. A. H. Jasper
2620 Bird St. Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet, Cent DATE June 25, 1938

19. UNDERTAKER

(ADDRESS) W. Smith
902 Broadway

20. FILED

June 27, 1938 H. C. Fisher
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 19, 38 to June 23, 1938Last saw him alive on June 20, 1938 Death is saidto have occurred on the date stated above, at 10.20 A. M.

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

arteriosclerosis

Date of onset

about 1936

Other contributory causes of importance:

Chronic Nephritis

Name of operation

none

Date of _____

What test confirmed diagnosis?

Was there an autopsy? _____

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) A. L. Shanks

_____, M. D.

(Address) Hannibal 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.

W. Shanks

