

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

Do not use this space.

REC'D AUG 11 1938

1. PLACE OF DEATH *Jennings*

County *Jennings*

Township *Wilson*

City *Jennings* (No. *55*)

Registration District No. *311*

Primary Registration District No. *5433*

File No. *25292*

Registered No. _____

2. FULL NAME *Sallie A. 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED *Declassed*
HUSBAND OF *John Jennings*
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 7 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at HOME*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *FEAT M.*
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) *Clinton ed MO*

MOTHER 13. NAME *Wm Rogers*

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

15. MAIDEN NAME *Virginia Alford*

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jennings Cemetery* DATE *July 27 1938*

19. UNDERTAKER (ADDRESS) *F. O. Sullivan*

20. FILED *7/27 1938* Registrar *F. O. Sullivan*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26 1938*

22. I HEREBY CERTIFY, That I attended deceased from *July 19 38* to *July 26 1938*
I last saw him alive on *July 23 1938* Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Right kidney absolutely done to kidney stone
Other contributory causes of importance: *myocarditis*

Name of operation _____ 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*38*

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) *J. W. Bayles*, M. D. (Address) *Cornell University*

Concession 2nd

Dr. J. M. Boyle

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

20-292
Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 311
 (b) Township Wilson Primary Registration District No. 3433 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sallie a Jennings
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>3</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1938

22. I HEREBY CERTIFY, (That I attended deceased from _____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows: _____
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER

13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Alva Jennings
203 S. _____
St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Sept 8 1938 McWilliam
Local Registrar.

Other contributory causes of importance: _____

Name of operation _____ 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? _____
 If so, specify _____ (Signed) J. M. Boyles, M. D.
 (Address) _____

