

EX-107, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

AUG 25 1938

1. PLACE OF DEATH
 County Lafayette Registration District No. 464
 Township Washington Primary Registration District No. 5626
 City Near Mayview (No.) St. Ward

2. FULL NAME John Henry Jennings 552
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 25763
Registered No. 43

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 8

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..... 1

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

FATHER
 13. NAME Wm. S. Jennings
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson Co., Tenn.

MOTHER
 15. MAIDEN NAME Elizabeth Jennings
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeCalb Co., Tenn.

17. INFORMANT Chas. Jennings
 (ADDRESS) Mayview, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Iconium, Mo. DATE July 23, 1938

19. UNDERTAKER L.C. Husman
 (ADDRESS) Odessa, Mo.

20. FILED 7/22 1938 Dr Mrs E. M. Gordon
 Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 - 1937 to July 21, 1938
 I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset
72
76

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? No
 If so, specify.....
 (Signed) Frank J. Ellis M. D.
Mayview, Mo (Address)

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