WRITE PLAINLY, 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.

REC'D APR 24 1939

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

Do not use this space.

11330

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2 1

1. PLACE OF DEATH
County Lafayette
Township Clay
City Wellington (No. ..... St. ..... Ward)
Registration District No. 466
Primary Registration District No. 4279
File No. .....
Registered No. 7

2. FULL NAME Jennie T Servi
(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 Female
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 Joseph Servi
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1872
7. AGE YEARS 66 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) March 10 - 1939
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Busca Italy

FATHER
13. NAME Unknown 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Joseph Saloney Kansas City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington Cem DATE 3-20 1939
19. UNDERTAKER (ADDRESS) Wolcott Funeral Home Wellington Mo.
20. FILED Mch 19 1939 F. N. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 18, 1939
I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 6 43 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy with Cerebral Hemorrhage	March 18/39
82 W	

Other contributory causes of importance:

Arteriosclerosis with Hypertension	10 yrs

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) Dr J. C. Beltram
(Address) Wellington Mo.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4/18/39