

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

14199
Do not use this space.

REC'D MAY 10 1939

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 84
 (c) City Columbia (d) Street No. Boone County Hospital 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 ARTHUR JENNINGS

(a) Residence, No. Route 5, Centralia, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 17

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

FATHER 13. NAME W. W. Jennings

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

MOTHER 15. MAIDEN NAME Mary Elizabeth Boyd

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

17. INFORMANT (ADDRESS) Mrs. Arthur Jennings Centralia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Apr 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers Columbia, Mo.

20. FILED 4/14/1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to April 12, 1939
 I last saw him alive on April 12, 1939. Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage from Duodenal ulcer
117 lb!
 Date of onset 4/4/39

Other contributory causes of importance:
First Hemorrhage 1924
Hemorrhages again 1936
Hemorrhage again 1938

Name of operation Test re. Gut cavity Date of 1935
 What test confirmed diagnosis? Chief Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Thales Hobbes, M. D.

74 (Address) Columbia 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.

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