

10330 MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence Registration District No. 470 File No. 15348
Township Mt. Vernon Primary Registration District No. 5633 Registered No. 67
City 501 No. 301 St. 501 Ward

2. FULL NAME

Betty Lou Jennie
(a) Residence, No. Mt. Vernon Rural St. 501 Ward 501
(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Mo. Rural

FATHER
13. NAME Lemuel Jennie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark, Mo.

MOTHER
15. MAIDEN NAME Hazel Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon, Mo. Rural

17. INFORMANT (ADDRESS) Lemuel Jennie Mt. Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Summit Cemetery DATE Apr 28 1939

19. UNDERTAKER (ADDRESS) Fassett Funeral Home Mt. Vernon, Mo.

20. FILED 7-27- 1939 P. A. Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on after death 7:22, 1939 Death is said to have occurred on the date stated above, at 9:14 a.m.
The principal cause of death and related causes of importance were as follows:

Cause not known most likely in convulsions and convulsion unknown sudden

Other contributory causes of importance:
200 lb

Name of operation Date of
What test confirmed diagnosis? none Was there an autopsy? no

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) P. A. Holmes M. D.
(Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1000

Date Filed MAY 10 1939