FILED JUN 6 1940

8 P.M. - 15 - 40

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

Do not use this space.

18907

File No. 2

Registered No.

1. PLACE OF DEATH

County: Linn

Township: Jefferson

City: ~~Rural~~ - Laclede, Mo (No. 552, St., Ward)

Registration District No. 520

Primary Registration District No. 5663

2. FULL NAME: Dorothy Irene Jennings

(a) Residence, No. Brownell 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1929

7. AGE: Years 10 | Months 9 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School child

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: 0

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

FATHER

13. NAME: Paul W. Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Missouri

MOTHER

15. MAIDEN NAME: Ethel Tharp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): X Paul W. Jennings Laclede, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laclede, Mo. DATE: May 18, 1940

19. UNDERTAKER (ADDRESS): Mrs Thorne - L. No. 2876 Laclede, Mo.

20. FILED May 17, 1940 Mrs Ella Pittmann Registrar.
Geo O

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-15, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1940, to May 15, 1940

I last saw her alive on May 14, 1940. Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Rolling Hemorrhage appendix	
2 mastoids Pneumonia	

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical 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) Dr H H Pitts, M. D.

(Address) Brookfield Mo

449

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. 11,
District File Number 640-814
Date Filed JUN 4 1940