

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

Do not use this space.

900

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. St. Ward)

File No.
 Registered No. 168

2. FULL NAME

Geo. Wm Jennings
 (a) Residence No. 308 N-2d St. Ward. (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Rose Jennings</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 9 1857</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Banking
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Henry Co - Mo

10. NAME OF FATHER

Thos Jennings

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER

Margaret Wiley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14.

INFORMANT Pharanton Jennings
 (Address) Clinton Mo

15.

FILED 1-15, 1930 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-7, 1930, to 1-14, 1930, that I last saw him alive on 1-13, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia
108

CONTRIBUTORY (SECONDARY)

HO 100
 (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Walker, M. D.

1-14, 1930 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Shakes Chappel 1-15 30

20. UNDERTAKER

ADDRESS

Spore Boy Clinton 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.

1930
 42
 7

13

1

12

PARENTS

