

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

Do not use this space.

39856

JAN 26 1934

**1. PLACE OF DEATH**

47 County Henry Co Registration District No. 349  
Township Springfield Primary Registration District No. 5200  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 21

**2. FULL NAME Addie Alma Jenning**

(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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 24 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Henry Co. Mo.

13. NAME J. M. Glover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesville Mo.

15. MAIDEN NAME Rebecca Rank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

17. INFORMANT Early Jennings  
(ADDRESS) Sheldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor Mo. DATE Dec 20 1933

19. UNDERTAKER C. C. Roof  
(ADDRESS) Windsor Mo.

20. FILED Dec 19 1933 Ms. A. Gray  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1933 to Dec 18 1933  
I last saw him alive on Dec 18 1933 Death is said to have occurred on the date stated above, at 12:45 m.

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

Other contributory causes of importance:  
1906

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) T. J. Jennings, M.D.  
(Address) Sheldon, Mo.

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.

