

DEC 28 1937

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

42343
Do not use this space.

1. PLACE OF DEATH
 (a) County, St. Francois Registration District No. 475
 (b) Township, Boyer Primary Registration District No. 6030-A Registered No. 84
 (c) City, Bonne Terre Mo (d) Street No. Bonne Terre 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 Luther Guy Jennings
 (a) Residence, No. Bonne Terre 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 Wase Mary Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>3</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mines
 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) St. Genevieve Co. Missouri

FATHER
 13. NAME Alexander Jennings
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Missouri

MOTHER
 15. MAIDEN NAME Maggie Faye Patterson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Missouri

17. INFORMANT (ADDRESS) Mr. Luther Jennings, Bonne Terre, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cemetery Dec 4, 1937

19. FUNERAL DIRECTOR (ADDRESS) Benham and Co. Bonne Terre Mo

20. FILED Dec. 4, 1937, N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1937, to November 30, 1937
 I last saw him alive on November 30, 1937. Death is said to have occurred on the date stated above, at 11:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Tularemia 11/14/37
44C1
 Other contributory causes of importance: lobar pneumonia, right lower lobe 11/27/37

Name of operation None Date of _____
 What test confirmed diagnosis? Agglutination 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) Marvin T. Hart, Jr., M. D.
 (Address) Bonne Terre, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)