

FEB 20 1936

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

Do not use this space.

2621

1. PLACE OF DEATH

County

Gandolph
Sugar Creek

Registration District No.

735

File No.

Township

Primary Registration District No.

5970

Registered No.

15

(No.

St.

Ward)

2. FULL NAME

James Franklin Jennings

(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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

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

Pamelia Adams

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

June 7th 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

85

7

12

OCCUPATION

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

Farmer

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)

Mo

13. NAME

John Jennings

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

Mo

15. MAIDEN NAME

Eliza Weathers

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

Mo

17. INFORMANT

Mrs Pamela Jennings

(ADDRESS)

R. P. O. probably Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

probably

DATE 1-21

1936

19. UNDERTAKER

(ADDRESS)

Walrus and Son
probably Mo

20. FILED

1/21

1936

Eugene D. Baker
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan. 19th 1936

22. I HEREBY CERTIFY That I attended deceased from

Jan. 19th 1936 to Jan. 19th 1936I last saw him alive on Jan. 14th 1936. Death is said

to have occurred on the date stated above, at 4:00 P.M.

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

Uremic Poisoning
from enlarged
prostate
enlargement

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed) J. P. Wesley, M. D.

(Address) probably, 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.

MARGIN RESERVED FOR BIRTHING

10004-11-24-35

