

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.

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

Do not use this space.

7443

1. PLACE OF DEATH
 County St. Francois Registration District No. 775
 Township Peoria Primary Registration District No. 6020-A
 City Boonville (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME Jennette Covington
 (a) Residence, No. 13 Mills St. Ward.
 Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>M. A. Covington</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1863</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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.....	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>What is Now Leadwood MO. St. Francois Co.</u>			
	13. NAME <u>Chas Hoffmann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin Germany</u>			
	15. MAIDEN NAME <u>Mary Hoegen</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>What is Now Leadwood MO. St. Francois Co.</u>				
17. INFORMANT <u>Chas J. Nay</u> (ADDRESS) <u>FT Collins Colo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B.T. Cemetery</u> DATE <u>3-1-1936</u>				
19. UNDERTAKER <u>Joseph Diemer</u> (ADDRESS) <u>FLAT RIVER MO</u>				
20. FILED <u>3-2-1936</u> <u>N.W. Hawkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1934, to February 25 1936
 I last saw him alive on February 25 1936 Death is said to have occurred on the date stated above at 10:00 m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis

Other contributory causes of importance:
9381

Name of operation..... Date of.....
 What test confirmed diagnosis Anginal Exam 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 N.W. Hawkins
 (Signed)....., M. D.
 (Address) Boonville Mo.

Date of issue
1936

10.1.10

10