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

Do not use this space.

20875

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 22 1933

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.

1. PLACE OF DEATH
County St. Francois Registration District No. 7044 File No. 870
Township ... Primary Registration District No. 6048 Registered No. ...
City Flat River (No. ... St. ... Ward)

2. FULL NAME Jennie Covington Strong
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Shipton Strong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	10	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
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) St. Genevieve Mo

FATHER
13. NAME John H. Covington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary E. Shannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Fred Wyming Flat River, Mo

18. BURIAL, CREMATION, OR REMOVAL Parkview Cemetery DATE 6-20 1933

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River Mo

20. FILED June 30, 1933 W. J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1932, to 6/18, 1933
I last saw her alive on 6/14, 1933 Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder with Prostatic and cystitis	about Jan 1932

Other contributory causes of importance:
arterial hypertension.
arterial sclerosis
chronic nephritis & myocarditis

Name of operation None Date of ...
What test confirmed diagnosis? History & physical exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Paul L. Jones, M. D.
(Address) E. Lynn, Mo