

DEC 2 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mercer
Township Narrison
City (No.)

Registration District No. 558
Primary Registration District No. 5749

File No. 41885
Registered No.
St. Ward

2. FULL NAME

Jennie E. Mass
(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) Widowed

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Mass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 22

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) Mo. Miller Co. Mo

13. NAME John Reeves

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

15. MAIDEN NAME Hart

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

17. INFORMANT (ADDRESS) Cliff Peyton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goshen Mo DATE Nov. 8 1937

19. UNDERTAKER (ADDRESS) Noel Mass

20. FILED 117 1937 J. M. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1937 to Nov 6 1937

I last saw her alive on Nov 6 1937. Death is said to have occurred on the date stated above, at 11.30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Nov 7-37

Other contributory causes of importance:

Senility

Name of operation no Date of

What test confirmed diagnosis Phys. exs. 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) Chas. R. Bennett M. D.
 (Address)

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.

