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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 1806 E 11 St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 4856
Registered No.

2. FULL NAME Jennie O Bannon
(a) Residence No. 1806 E 11 St., 2 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

7. AGE 70 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) K. Y.
12. MAIDEN NAME OF MOTHER J. Fortson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

14. INFORMANT Robert Beverly
(Address) 1806 E 11

15. FILED 7/5, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 3 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 19 7, to Feb 3, 19 8 that I last saw her alive on 2-3-19 28 and that death occurred, on the date stated above, at 6 30 A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis
131
95 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 B

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) [illegible], M. D
Feb 4, 19 8 (Address) 1016 Woodland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem
DATE OF BURIAL 2-7-1928

20. UNDERTAKER H B Moore
ADDRESS 1820 E

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.