

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

Do not use this space.

24381

1. PLACE OF DEATH

County Greene
Township Center
City..... (No.....)..... St. Ward.....

Registration District No. 320
Primary Registration District No. 5448

File No. 10
Registered No.

2. FULL NAME

Jennie Demore McJinnis
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Charles McJinnis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Greene Co Mo

10. NAME OF FATHER Wm Demore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jenns

12. MAIDEN NAME OF MOTHER Sarah J. Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Greene Co Mo

14. INFORMANT Bessie Arnold
(Address) Bonny Hill Mo

15. FILED 7/28 1929 Lucy E. Royal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/27/1929

17. I HEREBY CERTIFY, That I attended deceased from July 24 1929, to July 27 1929, that I last saw her alive on July 26 1929, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia

CONTRIBUTORY (SECONDARY) Heart Disease (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at POD

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms

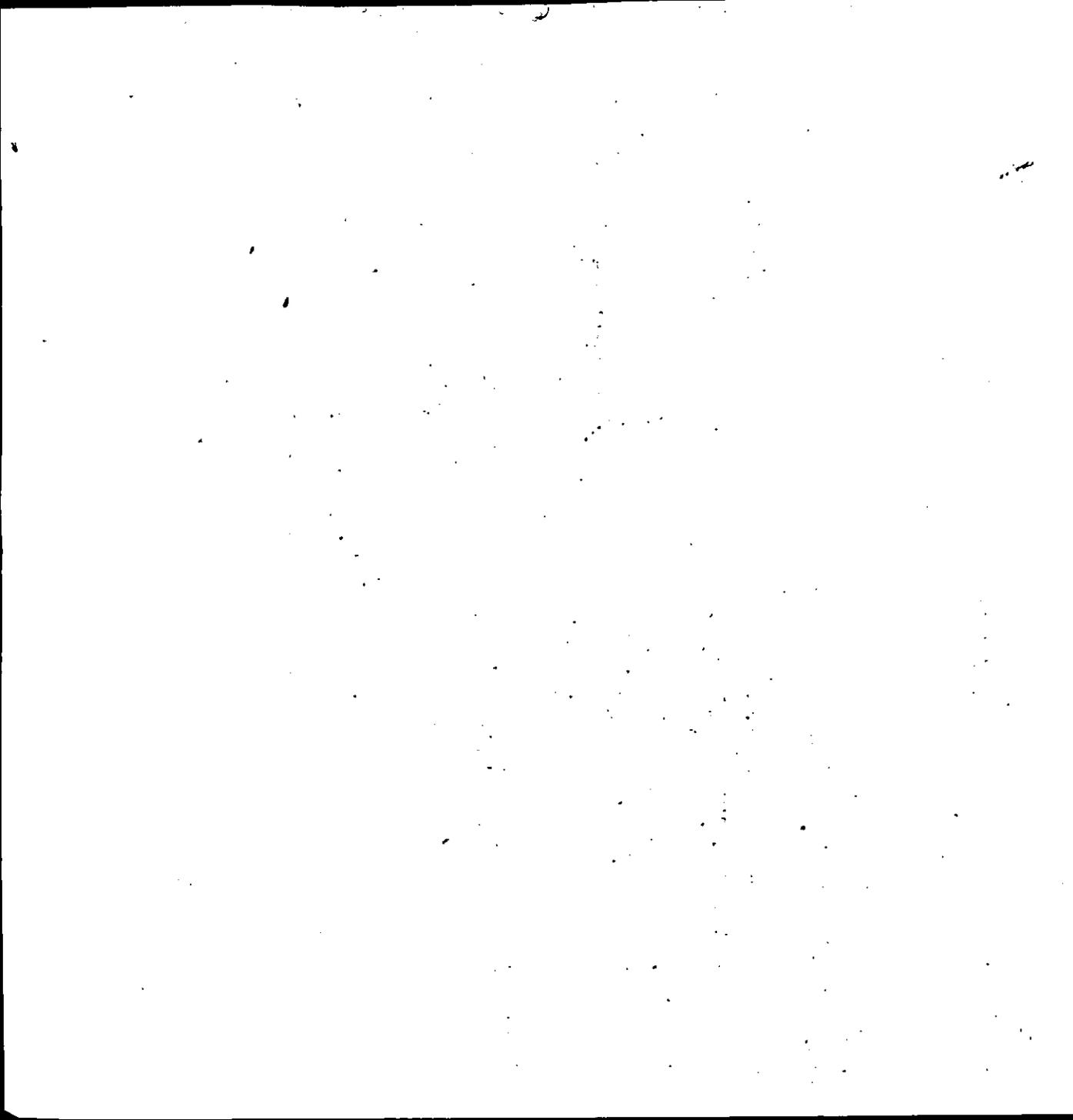
(Signed) B. F. Whittle M. D.

7/28, 1929 (Address) Bois d'Arc Mo

*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 Yeatley Cemetery DATE OF BURIAL 7/28/1929

20. UNDERTAKER Reagan & Royal ADDRESS Bridgeway



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Center
City Center (No.)

Registration District No. 320
Primary Registration District No. 1443

File No.
Registered No. 10
St. Ward

2. FULL NAME

Jennie McGinnis

(a) Residence. No. St., Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Chas. F. S. Harris (Address) Center

15. FILED 7/28, 1929 Lucy E. Hayes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1929

17. I HEREBY CERTIFY That I attended deceased from 19... to 19... (that I last saw him alive on) 19... and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suppurative Pneumonia
Always Broncho
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Heart Disease
(Valvular)
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH... DATE OF...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. D. Windsor, M. D.
9/15/1929 (Address) Boil Saw No

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES, UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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