

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

Do not use this space.

1. PLACE OF DEATH

7/1 County Montgomery
Township Bellevue
City (No. _____) _____ St. _____ Ward _____

Registration District No. 596
Primary Registration District No. 5787B

File No. 18740
Registered No. _____

2. FULL NAME

Shirley Maria Jennings

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
6

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) Bellevue, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Jennings
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ruth Ann Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warrenton
(STATE OR COUNTRY) Mo.

14. INFORMANT Wm Jennings
(Address) Bellevue, Mo.

15. FILED 7/2, 1931 R. W. T. River
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-12-1931

17. I HEREBY CERTIFY, That I attended deceased from 5-6-1931 to 5-12-1931, that I last saw her alive on 5-12-1931, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

The effects of Premature Birth (at 7th pregnancy)

CONTRIBUTORY (SECONDARY)

159 (duration) yrs. mos. 6 ds.
159 (duration) yrs. mos. ds.

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? Clinical
(Signed) H. R. Merrick, M. D.
. 19 (Address) Bellevue, 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 Mission Cemetery DATE OF BURIAL 5/13 1931
20. UNDERTAKER R. W. T. River ADDRESS Bellevue, Mo.

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.

JUN 27 1931

