

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 25 1932

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

Do not use this space.

28733

1. PLACE OF DEATH
 County Cass Registration District No. 158
 Township Raymore Primary Registration District No. 5223
 City (No.) St. Ward

File No. _____
 Registered No. _____

2. FULL NAME James B. 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 Male 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 Nellie Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1883

7. AGE YEARS 48 MONTHS 8 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 165

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) Sept 1932 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER FATHER

13. NAME Thomas Jennings

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

15. MAIDEN NAME Sarah Banks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Virginia Jennings (ADDRESS) Raymore Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept 9, 1932

19. UNDERTAKER C. T. Swong & Sons (ADDRESS) Raymore Mo.

20. FILED Oct 9, 1932 W. Chaffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Sept 8, 1932
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 A. M.
 The principal cause of death and related causes of importance were as follows:
Found hanging in his barn, suicide. note found in his pocket explaining the cause of the suicide.
 Date of onset _____
 Other contributory causes of importance: indebtedness & poor crops

Name of operation 165 Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Sept 8, 1932
 Where did injury occur? at home in barn (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hanging
 Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) R. M. Miller, M. D.
 (Address) Belton Mo.

