

19 MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 158 File No. 5418
Township Raymore Primary Registration District No. 5223 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jenna Phillips Waltnise

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

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. (If nonresident, give city or town and State)

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 Jerome Waltnise

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>7</u>	<u>20</u>	

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

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) Pruehl Mo.
(STATE OR COUNTRY)

FATHER 13. NAME J. A. Phillips

14. BIRTHPLACE (CITY OR TOWN) Peculiar Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cora York

16. BIRTHPLACE (CITY OR TOWN) Peculiar Mo.
(STATE OR COUNTRY)

17. INFORMANT Jerome Waltnise
(ADDRESS) Raymore Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Raymore Mo. DATE 2/5 1937

19. UNDERTAKER C. R. George - Louis
(ADDRESS) Belton Mo.

20. FILED 2-4 1937 R. M. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1936, to Feb 3 1937.

I last saw him alive on Feb 1 1937. Death is said to have occurred on the date stated above, at 10:15 pm.

The principal cause of death and related causes of importance were as follows:

Suppurative Pyelitis Date of onset Oct 1936

Other contributory causes of importance _____

Name of operation _____ 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? _____ 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? _____

If so, specify _____

(Signed) R. M. Miller _____, M. D.

(Address) Belton 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.

RECORD IS A PERMANENT RECORD

