

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 20 1937

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

Do not use this space.

34404

File No. \_\_\_\_\_  
Registered No. 292  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Jackson Registration District No. 398  
Township Blair Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jennie P. Pelley  
(a) Residence, No. 1500 N. Liberty St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Van Buren (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 14 yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of W. L. Pelley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 - 1860</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>35</u>	<u>77</u>	<u>0</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Wife</u>			
	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)			
MOTHER	11. Total time (years) spent in this occupation			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maroo Java</u>			
	13. NAME <u>Jacob Hunter</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	15. MAIDEN NAME <u>Mary Ann Nichols</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Frank H. Harris</u> (ADDRESS) <u>4837 Euclid Ave N. E. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parsons Maus</u> DATE <u>Sep 8</u> 19 <u>37</u>				
19. UNDERTAKER <u>W. H. Mitchell</u> (ADDRESS) <u>Independence Mo.</u>				
20. FILED <u>9-11-37</u> <u>F. L. Cash</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1937, to Sept 6 1937.  
I last saw h. alive on Sept 6 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Septis - from bed sore  
Date of onset Aug 1937

Other contributory causes of importance:  
Senile Demencia 1935

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? no  
(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) J. B. Hickerson M. D.  
(Address) Independence Mo.

