

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

Do not use this space.

22242

1. PLACE OF DEATH
 County Newton Registration District No. 612
 Township Van Buren Primary Registration District No. 5814
 City (No.) St. Ward

2. FULL NAME Patrick Jennett
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1863

7. AGE YEARS 68 MONTHS DAYS If LESS than 1 day, hrs. or min. 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) (STATE OR COUNTY) Western Port, Maryland

13. NAME Richard Jennett

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

15. MAIDEN NAME Mary Ann Hunt

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

17. INFORMANT Mrs. Pat. Jennett
 (ADDRESS) Newton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Joseph's DATE 6/30 1931

19. UNDERTAKER (ADDRESS) Wm. H. H. Dr. Pine City, Mo.

20. FILED 6-30 1931 Erna Hudson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1931

22. I HEREBY CERTIFY, That I attended deceased from June 27 1931, to June 29 1931
 last saw him alive on June 29 1931. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Empyema
116R
953
 Other contributory causes of importance:
Cardiac Insufficiency
 Name of operation 953 Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No

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) W. B. York M.D. M. D.
 (Address) Barboice, Mo.

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.

27 1931

