

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	<i>Benton</i>		Registration District No.	<i>61</i>	File No.	<i>129</i>
Township	<i>Town</i>		Primary Registration District No.	<i>5096</i>	Registered No.	<i>49</i>
Village			(NO.)		St.	Ward
City			FULL NAME <i>Jessie Jenkins</i>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
<i>male</i>	<i>white</i>		<i>Dec 31 1911</i> (Month) (Day) (Year)			
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from			
<i>Sept 31 1889</i> (Month) (Day) (Year)		<i>22</i> yrs. <i>3</i> mos. <i>3</i> ds.	<i>Dec 20 1911</i> , to <i>Dec 31 1911</i> , that I last saw him alive on <i>Dec 30 1911</i> , and that death occurred, on the date stated above, at <i>9A</i> m.			
OCCUPATION		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work <i>Farmer</i>			<i>Fracture of Atlas & Axis in vertebrae from fall from roof of house producing paralysis of brain stem and finally Respiration</i>			
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1-02 1911</i>			Contributory (Secondary)			
BIRTHPLACE (City or town, State or foreign country)		Duration: _____ yrs. _____ mos. _____ ds.				
<i>Benton Co. Mo.</i>		M. D.				
PARENTS	NAME OF FATHER	Signature: <i>J. Smith</i>				
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<i>Mo</i>				
	MAIDEN NAME OF MOTHER	<i>Mahala Wheeler</i>				
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<i>Mo</i>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) <i>Frank Brooks</i>		Address: <i>Warsaw Mo</i>				
(ADDRESS)		FILED <i>Jan 5 1912</i> <i>J. Smith</i> REGISTRAR				
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL			
<i>Jackson Cemetery</i>			<i>Jan 1 1912</i>			
UNDERTAKER			ADDRESS			
<i>C. M. White</i>			<i>Warsaw</i>			

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH

County Benton
 Township Town
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 61 File No. 129
 Primary Registration District No. 5096 Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Jessie Jenkins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Single MARRIED WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH Sept 31, 1889
 (Month) (Day) (Year)
 AGE 22 yrs. 3 mos. 3 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Benton Co. Mo.

PARENTS
 NAME OF FATHER Booker Jenkins
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
 MAIDEN NAME OF MOTHER Mahada Wheeler
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Frank Brooks
 (ADDRESS) Warsaw Mo.
 Filed Jan 5th 1912 by J.R. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 20, 1911, to Dec 31, 1911, that I last saw deceased on Dec 30, 1911, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:
Fracture patella & ribs in vertebrae from fall from roof house producing paralytic fever & pneumonia finally respiratory
 Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J.P. Smith M. D.
Jan 3, 1912 (Address) Warsaw

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted? _____
 If not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Tucker Cem DATE OF BURIAL Jan 1, 1912
 UNDERTAKER E.M. White ADDRESS Warsaw

All information called for must be written on this Supplementary Certificate.

JAN

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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