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

Do not use this space.
9582

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. Masonic Home St. Ward)

File No. 2083
Registered No.

2. FULL NAME Mariam A Jenks.

(a) Residence. No. 5351 Delmar St., 12 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: 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 Francis M. Jenks.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 1838

7. AGE: Years 88 | Months 5 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

PARENTS
10. NAME OF FATHER Thomas Kerns.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Sarah Snowden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Miriam Johnston
(Address) Longwood Ind.

15. FILED ....., 19.... Mayo B Starrett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927, to March 1, 1927, that I last saw ~~him~~ alive on March 1, 1927, and that death occurred, on the date stated above, at 9 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CA
Cerebral hemorrhage
Apoplexy (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

3/2 (Signed) D. F. Rice, M. D
1927 (Address) Liberty Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine | DATE OF BURIAL: Mar 3 1927

20. UNDERTAKER: Grossart Undt Co | ADDRESS: 3710 N Grand

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.