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.

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

Do not use this space.

25997

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital #2 St. ..... Ward)

File No. ..... Registered No. 7620

2. FULL NAME Lawyer Jenkins

(a) Residence. No. 4531 Garfield St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/24/1900

7. AGE: Years 26 Months 8 Days 4 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leasburg, (STATE OR COUNTRY) Georgia

PARENTS

10. NAME OF FATHER Sam Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leasburg, (STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Willie Ann Britton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leasburg, (STATE OR COUNTRY) Georgia

14. INFORMANT Pertella E. Sexton (Address) City Hospital #2

15. FILED AUG 26 1927 Mae C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1927, to Aug 25, 1927 that I last saw him alive on Aug 25, 1927, and that death occurred, on the date stated above, at 12:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetis Mellitus

59

indefinite (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 57 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not known

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab

(Signed) L B Howell, M. D

, 19 (Address) City Hosp. #2

*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: Leesburg Ga

DATE OF BURIAL: 8-26 1927

20. UNDERTAKER: Peoples Fund

ADDRESS: 3100 Franklin