1 1 1928

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

Do not use this space.

13029

1. PLACE OF DEATH

County Henry — Registration District No. 347 — File No.
Township — Primary Registration District No. 3018 — Registered No. 42
City Clinton (No. 716 St., Ward)

2. FULL NAME Mrs Rosa Jinkins

(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: 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: S. M. Jenkins
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 13 1847
7. AGE: Years 81, Months 2, Days 18. If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Mrs Rosa Jinkins
9. BIRTHPLACE (CITY OR TOWN): Nelson Co
(STATE OR COUNTRY): ~~Missouri~~ Va

PARENTS
10. NAME OF FATHER: S M Jinkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bates Co
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Rose Ann Reeder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bates Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: S M Jinkins
(Address): Clinton Mo

15. FILED Apr. 2 1928 Dr. E. C. Peelor, REGISTRAR
by J.H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1928, to Apr 1, 1928, that I last saw h[er] alive on Mch 27, 1928, and that death occurred, on the date stated above, at 10.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach

40

(duration) 2 or 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

44a

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Wallis, M. D. , 19 (Address) Clinton Mo

*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: Butler Mo — DATE OF BURIAL: Apr. 2 1928

20. UNDERTAKER: Sims Wilkinson & Co — ADDRESS

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.