G 21 1928

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

Do not use this space.

23046

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1001

1. PLACE OF DEATH
County Buchanan — Registration District No. ..... — File No. .....
Township Washington — Primary Registration District No. ..... — Registered No. 851
City St Joseph (No. 1715 Lafayette St. St. ..... Ward)

2. FULL NAME Johnie Raymond Jenkins
(a) Residence, No. 1715 Lafayette 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19 1910

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
17	7	22	

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

9. BIRTHPLACE (CITY OR TOWN) Amazonia
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John B Jenkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Ida Ellen Reddick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Ida Jenkins
(Address) 1715 Lafayette St

15. FILED JUL 12 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1928 to July 11, 1928 that I last saw him alive on July 10, 1928, and that death occurred, on the date stated above, at 3:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonary Tuberculosis
23A
11A
10 TB
31
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza Pneumonia 1927
(duration) ..... yrs. ..... mos. 15 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? Clinical

(Signed) E. B. Kessler, M. D
7/12, 1928 (Address) 422 Thispatrick 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: Green Cemetery — DATE OF BURIAL: July 13 1928

20. UNDERTAKER: E. R. Eidenfaden — ADDRESS: 602 So. 10

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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