

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township.....St. Louis.....3.....23.....  
 City.....St. Louis..... (No. 3 S. 23 W.)  
 File No. 25778  
 Registered No. 7601  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 613 20 St. St. 22 Ward. Cairo Ill.  
 (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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
34 8 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Benton (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Mary Conder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Lawrence D. Jenkins (Address) 613 20 St. Cairo Ill

15. FILED 11 24 1928 W. L. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... 19.....  
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 8:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxiation  
due to hanging  
by bed sheet  
suicide

CONTRIBUTORY (SECONDARY) 115  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Kerner M. D.  
 (Address) Dep. Cairo

\*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 Cairo Ill. DATE OF BURIAL 7/24 1928

20. UNDERTAKER D. P. Williams ADDRESS 3232 Pine

X. R.—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.

RECORD THIS IS A PERMANENT RECORD

