

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

Do not use this space.

26663

1. PLACE OF DEATH

County Cape Co.
Towship Cape Girardeau
City Cape Girardeau (No.)

Registration District No. 125
Primary Registration District No. 3009

File No.
Registered No. 1197
St. Ward)

2. FULL NAME

James Harvey Jenkins
(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 ✓

X 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>11</u>	

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) Advance
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. H. Jenkins

X 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Advance, Mo.
X (STATE OR COUNTRY)

X 12. MAIDEN NAME OF MOTHER Sissy

X 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Advance
X (STATE OR COUNTRY) Mo.

14. INFORMANT X J. H. Jenkins
(Address) X Advance, Mo.

15. FILED 9/21, 1928 W. Kauffman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1928, to Aug 29, 1928, that I last saw him alive on Aug 29, 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital absence of a portion of small bowel
1230

129 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pertussis
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRAICTED 140
IF NOT AT PLACE OF DEATH? Congenital

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 28

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John D. Intersper
(Address) 803 Williams Cape Girardeau, 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 Pleasant Hill Cemetery DATE OF BURIAL Aug 29 1928

20. UNDERTAKER W. C. Knight ADDRESS Advance, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

