OCT 26 1928

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

Do not use this space.

File No. 80743

Registered No. 680

1. PLACE OF DEATH
County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2001
City (No. St. Ward)

2. FULL NAME Mrs. Jenks (Kintra)
(a) Residence. No. 1427 No Douglas 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Unknown

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1853

7. AGE — YEARS: 75 MONTHS: 7 DAYS: 0 If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Hicks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canada
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ann Clemens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada

14. INFORMANT Mrs. Bessie
(Address) Fulton Ozark

15. FILED 9-17 1928 OC Forst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-16 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to Sept 16, 1928, that I last saw him alive on Sept 16, 1928, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteio Sclerosis
6 yr
Secondary (duration) yrs. mos. ds.
CONTRIBUTORY Mitral Insufficiency
(SECONDARY) Secondary (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) W. D. Patterson, M. D.
19 (Address) Springfield, 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 Maple Park Cemetery — DATE OF BURIAL 9-17 1928

20. UNDERTAKER Meyer — ADDRESS Springfield