

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

Do not use this space.

33098

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.

1928

1. PLACE OF DEATH

County Clark Registration District No. 213

Township Jefferson Primary Registration District No. 3014

City Jefferson (No.) St. Ward

File No.

Registered No. 237

2. FULL NAME

(a) Residence. No. 1014 Fairmount Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Carrie Anderson

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

May 15-1888

7. AGE

YEARS 47

MONTHS 3

DAYS 27

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

Nehi Bot, Co

(c) Name of employer

Pettis Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Thomas H Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Lucille Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

Mrs Carrie Jenkins
1014 Fairmount

15. FILED

10-6-28

Seberford

MEDICAL CERTIFICATE OF DEATH

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

Oct 3 1928

17.

I HEREBY CERTIFY That I attended deceased from Oct 3, 1928, to Oct 3, 1928, that I last saw him alive on Sept 28, 1928, and that death occurred, on the date stated above, at 12:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage?
wrapped dead - no respiration
warning
8:30 (duration) yrs. mos. da. minutes

CONTRIBUTORY (SECONDARY)

None known

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY? no

WHO FIRST CONFIRMED DIAGNOSIS

Clived Jenkins
+ Nelson (Signed) M. D.

1014, 1928 (Address) Jefferson Co 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 HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Lugwood Cem Oct 8

20. UNDERTAKER

Lawrence James

ADDRESS

REGISTRAR

