

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

Do not use this space.

1666

1. PLACE OF DEATH

County Jackson
Township Kaw
City Harrison City

Registration District No. 399

Primary Registration District No. 1002

File No. 257

Registered No. 257

St. St. Luke's Hosp. Ward

2. FULL NAME

(a) Residence. No. Charles A. Jenkins St. Sedalia Mo.
(Usual place of abode)

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

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

March 3, 1877

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

10

10

8. OCCUPATION OF DECEASED

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

General Insurance

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

near Longwood Mo.

10. NAME OF FATHER

Thomas H. Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Lucy Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT
(Address)

Mrs. Frances Jenkins
Sedalia Mo.

15.

FILED

1-18-29 M. W. Case
Asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Jan. 17 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1929, to Jan. 17, 1929.
that I last saw him alive on Jan. 17, 1929, and that death occurred, on the date stated above, at 9:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis
109A
187

(duration) yrs. mos. ds. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Branch Jenkins yrs. mos. ds. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

R. T. Bohan, M. D.

, 19

(Address)

Med. Art. Bldg. KCHS

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Sedalia Mo. Jan. 18 1929

20. UNDERTAKER

ADDRESS

A. H. Newcomer's Son R. C. Mo.

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.

WRITE PLAINLY, WITH UNFRACTIONAL TRUTH. THIS IS A PERMANENT RECORD

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51

100-5-1

100-5-1