

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

Do not use this space.

4921

1. PLACE OF DEATH
 County Saline Registration District No. 799
 Township Cambridge Primary Registration District No. 4479
 City States (No.) Sl. Ward

2. FULL NAME Robert Travis Jenkins
 (a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED 1921
 HUSBAND OF Mathie Jenkins
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-13-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>1</u>	<u>8</u>	

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

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

10. NAME OF FATHER R. A. Jenkins

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

12. MAIDEN NAME OF MOTHER Elizabeth Thomson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Saline Co. Mo.

14. INFORMANT R. A. Jenkins
 (Address) States Mo.

15. FILED 1-22-29 W. M. Tuttle
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 21, 1929, that I last saw him..... alive on Jan 31, 1929 and that death occurred, on the date stated above, at..... 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
935

(duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) F. A. Arnold, M. D.
1-22, 1929 (Address) States 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 Reholoth Cemetery DATE OF BURIAL 1-23 1929

20. UNDERTAKER Hill Brothers ADDRESS States

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.

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