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

Do not use this space.

6382

File No.
Registered No. 532

1. PLACE OF DEATH
County Jackson
Township Lowe
City K. C. Mo (No. 4140 Spruce St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Joseph Jenkins
(a) Residence No. 4140 Spruce St., 16 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 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 Jane Jenkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 — 1857

7. AGE Years 77 Months 6 Days 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(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) Ind

PARENTS
10. NAME OF FATHER Washington Jenkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Anna Montgomery
(Address) 4140 Spruce

15. FILED 9/2, 1929 W. H. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1929, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 1:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
1 yr
Dropsy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Pus Cog + Dropsy
(Signed) Stanley Moore, M. D
1/2, 1929 (Address) Deputy Coroner

*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 Elmwood
DATE OF BURIAL July 2 1929

20. UNDERTAKER Rose & Henderson
ADDRESS 15th Jackson

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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