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

Do not use this space.
21391

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 2522
Township: Kaw — Primary Registration District No.: 1002 — Registered No.:
City: Kansas City (No. Kansas City Gen'l Hosp. St. Ward)

2. FULL NAME Jessie Jenkins

(a) Residence. No. 1424 Holmes St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 - 73

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	8	17	

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)
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Bob Pope
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Jessie Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Record Clerk
(Address) K.C. General Hosp.

15. FILED 6/4 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 6-3, 1929, that I last saw him alive on 1-3, 1929, and that death occurred, on the date stated above, at 6:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of intestines
46 C
45
(duration) yrs. mos. ds.

CONTRIBUTORY (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? Clin. & Lab. Findings

(Signed) P E Williams, M. D.
6-3, 1929 (Address) Supt K.C. Gen. Hosp.

*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	DATE OF BURIAL
Elmwood	June 5 1929
20. UNDERTAKER	ADDRESS
Taylor Funeral Home	K.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 UNFADING INK—THIS IS A PERMANENT RECORD