

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

Do not use this space.

36325

1. PLACE OF BIRTH

County Boone
Township Columbia
City Columbia (No. _____) St. _____ Ward)

Registration District No. 73
Primary Registration District No. 3006

File No. 207
Registered No. _____

2. FULL NAME

Henry A. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9 - 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>2</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Groceries
(c) Name of employer _____

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

Missouri

10. NAME OF FATHER

Andrew Jenkins

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

Virginia

12. MAIDEN NAME OF MOTHER

Mary Ann Lemons

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

Virginia

14. INFORMANT (Address)

Mrs Richard Coruthy, Jr. Columbia Mo.

15. FILED

11.27.29 Beatrice Gibbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/16/29 to Nov 25, 1929, that I last saw him alive on Nov 20, 1929, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bron. Pneumonia

1074
(duration) yrs. mos. 9 ds.
CONTRIBUTORY (SECONDARY) 1074
(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?

11 (Signed) Geo. Muehl, M. D.
21, 1929 (Address) Columbia 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

New Dalewood Burial Co Mo DATE OF BURIAL 11-27 1929

20. UNDERTAKER

W. H. Vandewenter ADDRESS Columbia 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 MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

