

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

Do not use this space.

**1. PLACE OF DEATH**

County Scott  
Township Jennett Mo  
City Jennett Mo

Registration District No. 1151  
Primary Registration District No. 4588

File No. 3708-A  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 7 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Engineer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Grand Tower Ill.  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Thos. Jenkins  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) Don't know  
12. MAIDEN NAME OF MOTHER Eliza Evans  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Kate Jenkins X  
(Address) Jennett Mo.

15. FILED 1-28-30 E. A. Berman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-28 1930 to 1-28 1930  
that I last saw him alive on 1-28 1930, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
32A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) [Signature]  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) E. A. Berman M. D.  
1-28 1930 (Address) Jennett 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 Walker Hill Cem. Ill. DATE OF BURIAL Feb. 1 1930  
Grand Tower Ill.

20. UNDERTAKER Bisplinghoff Hubbard ADDRESS Illmo Mr.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3708-1

