MAR 28 1930

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

Do not use this space.

5667

File No.
Registered No.

1. PLACE OF DEATH
County: Barton
Township: Jefferson
City: Bella (No. ..... St. ..... Ward)
Registration District No.: 941
Primary Registration District No.: 941

2. FULL NAME: Martin Jesse Jenkins
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 4, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

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

9. BIRTHPLACE (CITY OR TOWN): Bella
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John Robinson Jenkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bena
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Grace Francis Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Morrison
(STATE OR COUNTRY): Mo.

14. INFORMANT: J. R. Jenkins
(Address): Bella, Mo.

15. FILED: Mar. 30, 1930 Verna Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: (MONTH, DAY AND YEAR) Feb. 8th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1930, to Feb. 8th, 1930, that I last saw him alive on Feb. 8th, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infantile

(duration) ..... yrs. ..... mos. 4 ds.

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

18. WHERE WAS DISEASE CONTRACTED At Place of Death
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Symptom & History
(Signed) W. H. Russell M.D.
, 19 (Address) Bella, 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: Liberty Cemetery Carson Mo.
DATE OF BURIAL: 2-10-1930

20. UNDERTAKER: Gatten & Crocker W.F.
ADDRESS: Omaxville 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.