

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

Do not use this space.

20129

1. PLACE OF DEATH

County New Madrid Registration District No. 845
 Township Big Prairie Primary Registration District No. 2000
 City (No.) St. Ward)

2. FULL NAME

J. C. 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) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. child
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER Joe Jenkins
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stoddard
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Esther Spurlin
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ida
 (STATE OR COUNTRY)

14. INFORMANT Joe Jenkins
 (Address) Monroe Mo

15. FILED 8/11, 1935 D. R. Chiles
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930
 17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to June 20, 1930, that I last saw him alive on June 30, 1930, and that death occurred, on the date stated above, at 11:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Calculus
1195 / 1316
 (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? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. F. Miller, M. D.
6/22, 1930 (Address) Sevier 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 Carpenter DATE OF BURIAL 6/22 1930

20. UNDERTAKER J. G. Welch Sevier Mo
 ADDRESS

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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