

OCT 31-1930

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

Do not use this space.

30731

1. PLACE OF DEATH

County Peters

Registration District No. 608

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No.)

File No.

Registered No. 241

St. Ward)

2. FULL NAME Henry 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Don't know.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862 unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Don't know (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) Don't know

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) Don't know

14. INFORMANT Hospital No. 11 (Address) at Harrison & Henry St.

15. FILED 9-27-1930 REGISTRAR J. L. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-29- 1930 to 9-19- 1930 that I last saw h.i.m. alive on Sept 19- 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
91A

CONTRIBUTORY (SECONDARY) SSP

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 Clinical & Lab.
(Signed) C. R. Maddox, M. D.
, 19 (Address) 116 1/2 W. Main

*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 Sedalia, Mo. DATE OF BURIAL Sept 27 1930

20. UNDERTAKER Wm. Alexander ADDRESS Sedalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. 116-2

