

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.

DEC 20 1930

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

35556

Do not use this space.

1. PLACE OF DEATH  
 County Carroll Registration District No. 135  
 Township \_\_\_\_\_ Primary Registration District No. 3010  
 City Carrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

2. FULL NAME Hattie 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-6-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 2 28

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

9. BIRTHPLACE (CITY OR TOWN) Madaway Co. Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Gas. Wood

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

12. MAIDEN NAME OF MOTHER Margaret M<sup>rs</sup> East

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-19, 1930, to 11-3, 1930, that I last saw him alive on 11-3, 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH\* AS FOLLOWS:  
Bronchitis - Pneumonia  
1074  
1000 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) W. H. Atwood, M. D.  
11/4, 1930 (Address) Carrollton 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 Oak Hill Cem. DATE OF BURIAL 11-6 1930

20. UNDERTAKER Standley's ADDRESS Carrollton Mo.

14. INFORMANT Herman Jenkins  
 (Address) Kansas City, Kans.

15. FILED 11-4, 1930 Mrs. E. Farnham  
 REGISTRAR

MAR 31 1946

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