

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

Do not use this space.

21641

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1001
 City Harrison (No. 575, Harrison) St. _____ Ward _____

File No. 2776
 Registered No. _____

2. FULL NAME

Matthew Jenkins
 (a) Residence, No. 575 Harrison St., 1 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 colored 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) aug 6" 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 10 18

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. school boy
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

13. NAME Wm Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Rodger Washington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Wm Jenkins (ADDRESS) 575 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-27-31

19. UNDERTAKER A Moore (ADDRESS) 1820 E 18 St

20. FILED 6/26/31 M. M. Bruce Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 - 1931

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to June 24, 1931. I last saw him alive on June 21, 1931. Death is said to have occurred on the date stated above, at 6 A.M.. The principal cause of death and related causes of importance were as follows:

Tuberculosis of intestines.
25
78
25
 Other contributory causes of importance:
1 abdominal abscess of O. B. nature.
T.B.

Name of operation _____ Date of _____
 What test confirmed diagnosis? at Hospital Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. H. Guilman M. D.
 (Address) Hyde Park Bldg. K.C. Mo.

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.

W. L. ...
No. 0.790
Park Bldg. 2639.
(...)