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

Do not use this space.

40645

857

1. PLACE OF DEATH
County: Green — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield (No. Springfield Hospital St. Ward)

File No.
Registered No.

2. FULL NAME: Courtney M Jenkins
(a) Residence. No. St., Ward. Branson, Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 5 1863

7. AGE: YEARS 68 — MONTHS 5 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hub 46E
(b) General nature of industry, business, or establishment in which employed (or employer): 126
(c) Name of employer: 129

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: S. Bain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Ma Tilda
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs Jess Miser
(Address) Branson, Mo.

15. FILED 12-9 1931 Lon Sharp REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12 - 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from 12 - 8, 1931, to 12 - 9, 1931 that I last saw her alive on 12 - 9, 1931, and that death occurred, on the date stated above, at 5:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Genl Peritonitis from rupt (Cancer of gall bladder & liver)
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Gall Stone
(duration) "for years" yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Branson Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 9-31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wilbur Smith, M. D.
, 19 (Address) Springfield, 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: Branson, Mo. — DATE OF BURIAL: 12-11-1931

20. UNDERTAKER: R. O. Whelchel — ADDRESS: Branson, Mo.

Cancer

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.