

Delivered 12/21/31

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

Do not use this space.

41202

1. PLACE OF DEATH

County Jackson Registration District No. 288  
Township Kansas City, Mo Primary Registration District No. 3  
City Becker (No. Leeds Hospital)

File No. 5191  
Registered No. 5191  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joe Jenkins  
(a) Residence No. 715 Locust St. St. 1 Ward 1  
(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 Negro 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) Feb 1874

7. AGE YEARS 57 MONTHS 9 DAYS ? If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Harrison Jenkins  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Carolina  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Julia J. Howell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Carolina  
(STATE OR COUNTRY)

14. INFORMANT Leeds Hospital  
(Address) Kansas City, Mo

15. FILED 1/31 1931 M. M. Crowe  
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1931, to December 2, 1931, that I last saw him alive on December 2, 1931, and that death occurred, on the date stated above, at 4:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis 7A

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

18. WHERE WAS DISEASE CONTRACTED Kansas City, Mo.  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? W. H. Jackson, M.D.  
(Signed) W. H. Jackson, M.D.  
176 . 1931 (Address) Kansas City, 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 W. H. West, Dental School DATE OF BURIAL 12/23 1931

20. UNDERTAKER W. H. West, Anatomical Road ADDRESS 20. West City

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.

THIS IS A PERMANENT RECORD

