

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

Do not use this space.

15842

1. PLACE OF DEATH  
 39 County: Greene Registration District No. 318  
 Township: \_\_\_\_\_ Primary Registration District No. 2007  
 3 City: Springfield (No. 1230) of Broadway St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 5  
 2. FULL NAME Benjamin J. Jenkins  
 (a) Residence, No. 1230 Broadway 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 0 13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister  
 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) Kentucky 2  
 13. NAME B. S. Jenkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT B. S. Jenkins  
 (ADDRESS) 1230 Broadway  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Owensboro Ky DATE \_\_\_\_\_ 19  
 19. UNDERTAKER (ADDRESS) J. G. Jenkins & Co  
Springfield Mo  
 20. FILED: 5/6 19 320 John Sharp  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-32  
 22. I HEREBY CERTIFY, That I attended deceased from 5-1-32 to 5-5-32, 1932  
 I last saw him alive on 5-5-32, 1932 Death is said to have occurred on the date stated above, at 7:20 AM  
 The principal cause of death and related causes of importance were as follows:  
Embolism Date of onset \_\_\_\_\_  
1932  
998 133  
97  
 Other contributory causes of importance:  
Atherosclerosis - Hypertension  
of the arteries  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy (Was there an autopsy?) \_\_\_\_\_  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Henry A. Kurb M. D.  
 (Address) 450 N. Court St.

Amorables

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City Springfield (No. ....)

Registration District No. 318  
Primary Registration District No. 2001

File No. ....  
Registered No. 348  
St. .... Ward)

**2. FULL NAME** Benjamin F. 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 19 32

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to ....., to ....., 19 .....

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

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

Date of onset

Other contributory causes of importance:

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

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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.

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

Manner of injury.....

Nature of injury.....

15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)

17. INFORMANT..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highwood DATE 5-9 32

19. UNDERTAKER..... (ADDRESS)

20. FILED 7-6-32 Ralph W. Langston Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-15842