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.

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

Do not use this space.

16056

File No. 1847

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kan
City Kansas City (No. St Luke's St. Ward)

Registration District No. 389
Primary Registration District No. 1003

2. FULL NAME Dr. Ralph E. Jenkins
(a) Residence, No. 313 W Adams St., Ward. Pittsburg Kan.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1885

7. AGE: Years 46 | Months 9 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor M.D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 212
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) Amazona Mo.

FATHER
13. NAME Geo M. Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo.

MOTHER
15. MAIDEN NAME Teresa Kelley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo.

17. INFORMANT Letta U. Jenkins
(ADDRESS) 313 W Adams Pittsburg Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pittsburg Kans. DATE 5-6 1932

19. UNDERTAKER E. K. Smith Pittsburg
(ADDRESS) Pittsburg Kan.

20. FILED May 5th 1932 M. M. Cosner Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932, to May 4, 1932
I last saw him alive on May 4, 1932. Death is said to have occurred on the date stated above, at 2 45 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Arterial hypertension	Thus 1930
95	
102	
85	

Other contributory causes of importance:

Hypertension Cardio-vascular degeneration	4 Mos. 1-1-32

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) P. T. Bohan, M. D.
(Address) 906 Medical Arts Bldg. K.C. Mo.

For

Mr. E. K. Smith
Pittsburg, Kansas.