

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

Do not use this space.

19853

1. PLACE OF DEATH

49 County Jasper Registration District No. 408
5 Township Major Primary Registration District No. 3020
7 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

George L. Jenks
(a) Residence, No. 519 Walnut St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
55 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Independence 2
Missouri

13. NAME L. B. Jenks

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

15. MAIDEN NAME Kate Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yushuon 1
Indiana 12

17. INFORMANT Mrs. James H. Jenks
(ADDRESS) 519 Walnut - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bark Cemetery DATE June 8, 1932

19. UNDERTAKER Wm. B. Mortenson
(ADDRESS) Carthage, Missouri

20. FILED June 7, 1932 W. B. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932 to June 7, 1932
I last saw him alive on June 7, 1932. Death is said to have occurred on the date stated above, at 3:00 m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart (Date of onset)

92A 92A
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? (D) 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) W. B. Baker, M. D.
(Address) _____

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.

JUN 23 1932

