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.

AUG 30 1932

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

Do not use this space.

24037

File No. 258

Registered No.

Registration District No. 1123

Primary Registration District No. 6248 B

1. PLACE OF DEATH

96 County St. Louis

Township

City Jefferson Barracks, Mo. No. U.S.V.A. Hospital, Jefferson Barracks, Mo. St. Ward)

2. FULL NAME Joe E.E. Jenkins.

(a) Residence, No. 2627 Margaretta Ave. St., Ward.

(Usual place of abode) Maplewood, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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 Mrs. Francis Jenkins.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1894

7. AGE: Years 38 | Months 0 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 253

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Indiana. 2

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable. 21

MOTHER

15. MAIDEN NAME Unavailable.

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

17. INFORMANT (ADDRESS) W. C. Gibson, Acting Clinical Director U.S.V.A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE July 30 1932

19. UNDERTAKER (ADDRESS) O. Hoffmeister & Co. 7814 S. Broadway

20. FILED Aug 1 1932 L. C. Obert, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1932. 19..., to July 28, 1932. 19... I last saw him alive on July 28, 1932. 19... Death is said to have occurred on the date stated above, at 5:40 PM.

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

Pachymeningitis. | Date of onset

79A

Other contributory causes of importance:

Meningeal edema. (1)

Name of operation Autopsy, Physical X-Ray & Laboratory Date of What test confirmed diagnosis? Findings. 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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg.

(Address) U.S.V.A. Hospital, Jefferson Brks, Mo.