

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.

SEP 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26021

1. PLACE OF DEATH

42 County Henry
 4 Township
 1 City Clinton

Registration District No. 347
 Primary Registration District No. 3018

File No.
 Registered No. 74
 St. Ward)

2. FULL NAME

(a) Residence, No. Le Roy Jenkins 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1931</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>3</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME Luther Jenkins

14. BIRTHPLACE (CITY OR TOWN) Benton co mo
 (STATE OR COUNTRY)

15. MAIDEN NAME Paul Saughtey

16. BIRTHPLACE (CITY OR TOWN) Henry co mo
 (STATE OR COUNTRY)

17. INFORMANT Mrs Luther Jenkins
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fields Creek DATE Aug-18 1932

19. UNDERTAKER Spore & Son
 (ADDRESS) Clinton mo

20. FILED 8/19 1932 Ed C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1932 to Aug 17 1932

I last saw him alive on August 17, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Gastroenteritis
August 5th 1932

Gastroenteritis 8/5/32

Other contributory causes of importance:

119B / 119 ①

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) B. N. Wolken, M. D.

(Address) Clinton mo

