

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 1933

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Rock
City St. Louis (No. 1000)

Registration District No. 1123
Primary Registration District No. 6548 B
Rock Hospital

File No. 17756
Registered No. 148
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary Jenkins _____ Ward _____
(Usual place of abode) 1930 Benton St.
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eugene Jenkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1907</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>11</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Hook</u>	<u>26</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	<u>30</u>
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>1927</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
FATHER	13. NAME <u>Ford Taylor</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Dora Patuch</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Hospital Record</u> <u>Edna Shaw 920 Benton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews</u> DATE <u>5-4</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>W. M. Laughlin</u> <u>1631 Missouri Ave</u>		
20. FILED <u>5/3</u> 19 <u>33</u> <u>B. L. C. Brock M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to May 2 1933
I last saw her alive on May 1 1933 Death is said to have occurred on the date stated above, at 3:27 a.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Spine
Drowning Psora Disease
Intestinal Obstruction & Stagnated Intestine
Other contributory causes of importance:
Cachexia Decompensata (terminal)
Ibc. of left Kidney

Name of operation _____ Date of _____
What test confirmed diagnosis? Ky. phos. 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.
Character of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Melvin Jess _____ M. D.
(Address) 920 Benton St.

