

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

Do not use this space.

20147

File No.
Registered No. **47**
St. Ward)

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 420
 2 Township Waller Primary Registration District No. 3074
 7 City Desoto (No. St. Ward)

2. FULL NAME Ada Jenkins
 (a) Residence, No. 910 Blount St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 30 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 F. **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Charles E. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23rd 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 17

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

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

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) Blount Co.

FATHER
13. NAME George Madison
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Charles E. Jenkins
910 Blount St., Desoto Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery Desoto Mo DATE 6-17 1933

19. UNDERTAKER (ADDRESS) Richardson & McInneshead
Desoto Mo

20. FILED 473 1933 W. H. Kausley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933, to June 10, 1933
 I last saw him alive on June 10, 1933. Death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset
460 460 A
120 B
 Other contributory causes of importance:
acute bronchitis

Name of operation Date of
 What test confirmed diagnosis? 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) Ward Ford, M. D.
 (Address) Desoto Mo

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.

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