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 22 1933

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

Do not use this space.

22626

1. PLACE OF DEATH
24 County Clay — Registration District No. 201 — File No. 72
5 Township — Primary Registration District No. 5280 — Registered No.
4 City Liberty (No. ..... St. ..... Ward)

2. FULL NAME (Mrs J H Jenkins) Sarah Harper Jenkins

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John H. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 11-1872

7. AGE: YEARS 60 — MONTHS 11 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
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): Weston Mo.

FATHER
13. NAME: John D. Harper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Ky

MOTHER
15. MAIDEN NAME: Sarah Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Ky

17. INFORMANT (ADDRESS): Dr. John H. Jenkins Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Mo — DATE: Fairview 7/22 1933

19. UNDERTAKER (ADDRESS): Church Archer Co Liberty Mo

20. FILED 7/20 1933 E T Brant Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to ....., 19....
I last saw her alive on July 20, 1933 Death is said to have occurred on the date stated above, at 4:38 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset
48 — 48

Other contributory causes of importance:

Name of operation none — Date of .....
What test confirmed diagnosis? ..... 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? no
If so, specify .....
(Signed) Wm H Goodson, M. D.
(Address) Liberty Mo.