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

Do not use this space.

36431

File No. 4342

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 1604

Township Kaw — Primary Registration District No.

City Kansas City (No. 31 West 70th St. Terrace St. Ward)

2. FULL NAME John Thomas Jenkins

(a) Residence, No. 31 West 70th St. Terrace 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie E. Cooper Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67.	9	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Free-Mason

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mouth of Wilson
(STATE OR COUNTRY) Virginia

FATHER

13. NAME Henry Jenkins

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina

MOTHER

15. MAIDEN NAME Ruth Mrk

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina

17. INFORMANT Mrs. Fannie E. Cooper Jenkins
(ADDRESS) 31 West 70th St. Terrace

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Moriah Cem DATE Nov. 7, 1933

19. UNDERTAKER Stine + McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Nov. 6, 1933 M. M. Crane
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1933, to Nov 5, 1933
I last saw h.... alive on Nov 5, 1933. Death is said to have occurred on the date stated above, at A. m. 6:45
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure 131	
Chronic Myocarditis 92A	
Chronic Nephritis 93C	
Hypertension	

Other contributory causes of importance
Apoplexy - Sept 20, 1933
Chronic Pulmonary Tuberculosis

Name of operation, Date of
What test confirmed diagnosis? Physical Tuberculosis?

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) O. L. Greene, M. D.
(Address) 1032 Prof. Bldg. Kansas City

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.

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Professional Card

No 4525

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