

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.

JAN 26 1934

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

Do not use this space.

41925

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **2945-Lawton City Hosp #2**)

File No. ....  
Registered No. **10970**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. **Joseph N. Jenkins**  
(Usual place of abode) **1721 - Bellefleur St.** 11 Ward.  
Length of residence in city or town where death occurred **60** 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

2. SEX <b>Male</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Florence Jenkins</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>3-31-1857</b>		
7. AGE	YEARS <b>76</b>	MONTHS <b>8</b>
	DAYS <b>18</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Labour</b>	
	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)	
MOTHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Robert Jenkins</b>	
	13. NAME <b>Robert Jenkins</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
FATHER	15. MAIDEN NAME <b>Carolina Bowman</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Pa.</b>	
17. INFORMANT (ADDRESS) <b>A. Jenkins</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peter's</b> DATE <b>12-25</b> 19 <b>33</b>		
19. UNDERTAKER (ADDRESS) <b>A. S. Reed and Co.</b>		
20. FILED: <b>1933</b> <b>J. Bredeck</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-17-1933**

22. I HEREBY CERTIFY, That I attended deceased from **12-13**, 19**33**, to **12-17**, 19**33**  
I last saw him alive on **12-17**, 19**33** Death is said to have occurred on the date stated above, at **6:20 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Myocardial Degeneration** Date of onset **12-13-33**  
**Enlarged Prostate**  
**98**  
**137**  
Other contributory causes of importance **ASU**

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 **Nervous Exhaustion** M. D.  
(Signed) **H. E. Hampton**  
(Address) **2945 - Lawton City Hosp #2**

