

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

Do not use this space.

2204

FEB 27 1934
84
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6

1. PLACE OF DEATH

County Polk
Township Marion
City Baldwin (No. _____ St. _____ Ward _____)

Registration District No. 711
Primary Registration District No. 4422

File No. _____
Registered No. 1

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Jessie Frances Jenkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel Jenkins.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 4 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri

MOTHER FATHER
13. NAME Thomas H. McDonald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Julia Ann Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) M. H. George Union Town, Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE Jan. 7, 1934

19. UNDERTAKER (ADDRESS) White - Eburin, Baldwin, Mo.

20. FILED Jan 7, 1934 J. H. R. Post Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 25, 1933 to Dec 6, 1934
I last saw him alive on Jan 6, 1934 Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:

Paralysis caused by thrombosis of cerebral hemorrhage
82A
82B

Other contributory causes of importance: 82C
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? no 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) G. V. Starnes, M. D.
(Address) Baldwin, 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.

