MAR 2 . 1934

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

Do not use this space.

5471

1. PLACE OF DEATH
County Johnson — Registration District No. 430 — File No.
Township Post Oak — Primary Registration District No. 4256 — Registered No.
City Leeton, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Susan Sanderback Jenkins
(a) Residence, No. Leeton, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 26 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas J. Jenkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28, 1853
7. AGE: YEARS 80 — MONTHS 40 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Kentucky

FATHER
13. NAME: Peter Laughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Malinda Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Miss Buela Jenkins, 3787 Pen, K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineral Creek DATE 2-23, 1934
19. UNDERTAKER (ADDRESS): R. A. Brauninger, Leeton, Mo.
20. FILED 2-23, 1934 — C. B. Koons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21, 1934
22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1933, to Jan. 31st, 1934
I last saw her alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 2:04 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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) E. Pare, M. D.
(Address) Leeton, Mo.

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.

100M-11-24-33