

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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Joseph, (No.

1523 Charles St.

File No. 19585

Registered No. 722

St. .... Ward)

2. FULL NAME

(a) Residence, No. 1523 Charles St. St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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 Enoch Chester Alden		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 21, 1839		
7. AGE YEARS 94	MONTHS 8	DAYS 0
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
	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)	Clark Co., Indiana.
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13. NAME	Enoch Jenkins
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown Unknown
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15. MAIDEN NAME	Lucy Huff
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Unknown Unknown
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17. INFORMANT (ADDRESS)	Mrs. Dale V. Alderman 1523 Charles St.
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18. BURIAL, CREMATION, OR REMOVAL PLACE	Maryville, Missouri, DATE June, 24, 1934
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19. UNDERTAKER (ADDRESS)	Walter Miller 1302 Aaron St. St. Joseph, Mo.
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20. FILED	6-23-34 John R. Menden Registrar
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2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 21, 1934, 19

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to June 21, 1934

I last saw her alive on June 21, 1934. Death is said

to have occurred on the date stated above, at 5.25 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis - 9 -

Other contributory causes of importance:

age 131

Name of operation

What test confirmed diagnosis? Clinical 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

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) Rorer Book M. D.

(Address) King Hill Bldg, St. Joseph, Mo.

