

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.

JUL 10 1934

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

Do not use this space.

19902

1. PLACE OF DEATH *Cole*  
 County *Jefferson City* Registration District No. *213*  
 Township *Jefferson* Primary Registration District No. *3014*  
 City *Jefferson St. Mary Ward* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Frances Jenkins*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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.

File No. *179*  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female*  
 4. COLOR OR RACE *White*  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 28-1913*  
 7. AGE YEARS *21* MONTHS *0* DAYS *0*  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) *Fulton mo.*  
 (STATE OR COUNTRY) *Callaway co.*

FATHER 13. NAME *Arthur Jenkins*

14. BIRTHPLACE (CITY OR TOWN) *Fulton mo.*  
 (STATE OR COUNTRY) *Callaway co.*

MOTHER 15. MAIDEN NAME *Mary Laurel*

16. BIRTHPLACE (CITY OR TOWN) *Fulton mo.*  
 (STATE OR COUNTRY) *Callaway co mo.*

17. INFORMANT *Mrs. L. H. Leckey*  
 (ADDRESS) *Jefferson City mo.*

18. BURIAL, CREMATION OR REMOVAL  
 PLACE *Fulton mo.* DATE *June 30 1934*

19. UNDERTAKER *J. W. Wallace*  
 (ADDRESS) \_\_\_\_\_

20. FILED *6/29/1934* *Dr. Berford*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28 1934*

22. I HEREBY CERTIFY That I attended deceased from *June 22 1934* to *June 28 1934*  
 I last saw her alive on *June 27 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:  
*Diabetes Mellitus* Date of onset *1916*

*59* *59*

Other contributory causes of importance:  
*Diabetic Coma* *June 8*

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirmed diagnosis? *Physical Exam* 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? *no*  
 If so, specify \_\_\_\_\_

(Signed) *H. J. Taylor*, M. D.  
 (Address) *Jefferson City mo.*

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

TO THE DIRECTOR

RE: [Illegible text]

[Illegible text]

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