

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.

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

Do not use this space.

NOV 14 1934

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield No. 3775 S. Kimberly St. _____ Ward _____

File No. 24154-2
 Registered No. 240

2. FULL NAME

Green W. Jenkins
 (a) Residence, No. 1775 S. Kimberly 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 M.E. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Springfield Mo

13. NAME Wesley Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo

15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo

17. INFORMANT Harvey L. Jenkins (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta DATE July 4th 1934

19. UNDERTAKER Ruth Ann Chaffin (ADDRESS) Sparta Mo

20. FILED 7-4 Ralph H. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2th 1934

22. I HEREBY CERTIFY That I attended deceased from April 12 1934 to July 1st 1934

I last saw him alive on July 1st 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Chronic endocarditis Date of onset 1931

774

920

Other contributory causes of importance: Arteriosclerosis Date of onset _____

Name of operation None Date of _____

What test confirmed diagnosis? Physical 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? No

If so, specify _____

(Signed) William R. Beattie, M. D.

(Address) 500 Med and Surg

Springfield Mo.

