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.

NOV 28 1934

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

Do not use this space.

36753

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 10
Township Anderson — Primary Registration District No. 4033 — Registered No. 1061
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Pauline Jenkins
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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) Feby 10-1927
7. AGE YEARS 7 MONTHS 8 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Gideon Mo

FATHER
13. NAME Elmer Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dewitt Co. Ills

MOTHER
15. MAIDEN NAME Alice Vlve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dewitt Co. Ills

17. INFORMANT (ADDRESS) E. Emery Jenkins Gideon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maiden Cemet DATE Oct 15 1934
19. UNDERTAKER (ADDRESS) R. B. Meentemeyer Gideon Mo
20. FILED Nov 10 1934 M. V. Nimmo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

Crushed Skull and crushed body across chest.

Date of onset

Other contributory causes of importance

210

Name of operation ..... 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? Accident Date of injury Oct 13, 1934
Where did injury occur? Gideon (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Main street.
Manner of injury Truck-auto, ran over child.
Nature of injury wheels ran over chest.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L. A. Richards Coroner
(Address) New Madrid, Mo

46