DEC 12 1934

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

Do not use this space.

38582

File No.
Registered No. 1258

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City: St. Joseph, Mo. (No. 2018, James St. Ward)

2. FULL NAME Cakvelow Vernon Jenkins

(a) Residence, No. 2018 James St. 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. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	10	6	

OCCUPATION

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

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): St. Joseph, Missouri

FATHER

13. NAME: Cakvelow F.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grove, Oklahoma

MOTHER

15. MAIDEN NAME: Audrey Gayler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Arkansas

17. INFORMANT (ADDRESS): Cakvelow J. Jenkins, 2018 James St.

18. BURIAL, CREMATION, OR REMOVAL: Ashland Cem.
PLACE: St. Joseph, Mo. DATE: Nov. 16, 1934

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, St. Joseph, Missouri

20. FILED: 11-16-1934 John R. Benton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934, to Nov 15, 1934

I last saw him alive on Nov 7, 1934. Death is said to have occurred on the date stated above, at 10:50 A.m.

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

	Date of onset
Bronchopneumonia	11-7-34
1074	
65	

Other contributory causes of importance:

Rickets	6-1-34

Name of operation: None — Date of:
What test confirmed diagnosis? None — 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) W. Roger Moore, M. D.
(Address) St. Joseph Mo.