

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

Do not use this space.

JAN 8 1935

1. PLACE OF DEATH

County Jasper Registration District No. 409
Township _____ Primary Registration District No. 3020
City Carthage - Mt. Vernon - Washburn Hospital St. _____ Ward _____

File No. 43352
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jesse Frank Jenkins
(a) Residence, No. Route 5 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) July 5, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>5</u>	<u>10</u>	

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) Carthage Missouri

13. NAME John F. Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litago Springs Missouri

15. MAIDEN NAME Madeline Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

17. INFORMANT (ADDRESS) Jesse F. Jenkins Carthage, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washburn Cemetery DATE Dec. 18, 1934

19. UNDERTAKER (ADDRESS) Fuller Mortuary Carthage, Missouri

20. FILED Dec 18, 1934 S. B. Colston Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1934 to Dec. 15, 1934
I last saw him alive on Dec. 15, 1934. Death is said to have occurred on the date stated above, at 9 p.m.

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

Encephalitis acute (type undetermined)
180-18
Other contributory causes of importance: none
Date of onset Dec 12, 1934

Name of operation none Date of _____
What test confirmed diagnosis? spinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. A. LaFare, M. D.
(Address) Carthage Mo

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.

WHITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

