

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

Do not use this space.

FEB 19 1935

1203

**1. PLACE OF DEATH**

County Jackson  
Township Howe  
City Maumour (No. 024)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1203  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 624 N 10 St., \_\_\_\_\_ Ward.

(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 <u>M.</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alleen Jenkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 1879</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>5</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real Estate</u>	
	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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec 22, 1934, to Jan 4, 1935

I last saw him alive on Dec 22, 1934. Death is said to have occurred on the date stated above, at 6:40 p. m.

The principal cause of death and related causes of importance were as follows:  
Dec 22 - 34  
apoplexy  
J. L. B.

Other contributory causes of importance:  
influenza

Date of onset Nov 1934

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>No Record</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>
	15. MAIDEN NAME <u>No Record</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Alleen Jenkins 624 N 10 St., St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Granton</u> DATE <u>Jan - 7 - 35</u>	
19. UNDERTAKER (ADDRESS) <u>Mrs. E. L. Gortner 718 Broadway, Ave.</u>	
20. FILED <u>Jan 7 1935</u> M. M. <u>Crowe</u> Registrar.	

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? ✓ Date of injury ✓, 1934  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at his home

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. H. K. Kirk, M. D.  
(Address) Coates House

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Coats/House

10-6

11-2