MAY 23 1935

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

Do not use this space.

12282

1. PLACE OF DEATH

24 County Clay — Registration District No. 201

Township Liberty — Primary Registration District No. 5280

City Liberty (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME John H. Jenkins

(a) Residence, No. 416 W. Franklin 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Harper Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 29 1868

7. AGE: YEARS 67 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): Platte City, Mo.

FATHER

13. NAME: Thomas Jenkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte City, Mo.

MOTHER

15. MAIDEN NAME: Alice De Priest Hall

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

17. INFORMANT (ADDRESS): O'Hallon Jenkins, La Salle Hotel, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL: Cremation

PLACE Cremation DATE 5/2 '35

19. UNDERTAKER (ADDRESS): Church-Archer Co. Liberty Mo.

20. FILED 5/1 1935 E T Brook Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1935

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 9:30 P m.

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

Gun Shot - Suicide with Pistol (32 Gauge) Lt Trust through Heart

Date of onset

Other contributory causes of importance:

167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Gun Shot

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Catherine W. Wysong Coroner, M. D.

(Address) Liberty, Clay County, Mo. by Dr. W. L. Wysong

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD