JUL 27 1935

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

Do not use this space.

20855

1. PLACE OF DEATH
County St. Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 39
City Bonne Terre Mo (No. ..... St. ..... Ward)

2. FULL NAME Earl Jinkerson
(a) Residence, No. Bonne Terre Mo 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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Jinkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-4-1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
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) Palmer Washington Co., Mo.

FATHER
13. NAME James Jinkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Washington Co., Mo.

MOTHER
15. MAIDEN NAME Mary Gilliam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs Lillie Jinkerson Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE B. F. Cemetery DATE 6/10 1935

19. UNDERTAKER (ADDRESS) Benham Und Co Bonne Terre Mo

20. FILED June 14, 1935 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1935

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from held inquest, to on deceased, 19..
~~I last saw him~~ alive on June 7, 1935. Death is said to have occurred on the date stated above, at 6:00 P. m.
The principal cause of death and related causes of importance were as follows:

Jury's Verdict
Deceased came to his death as a result of the use of an ice pick inflicting mortal wounds, at the hands of Henry Rogers.

Date of onset

Other contributory causes of importance:

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Elenan Torrence, M. D.
(Address) Coroner St Francois Co, Farmington, 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.