

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

Do not use this space.

25412

AUG 22 1935

1. PLACE OF DEATH

County Washington

Township Belgrade

City Belgrade

Registration District No. 885

Primary Registration District No. 6183

File No. \_\_\_\_\_

Registered No. 110

2. FULL NAME Minnie Jinkerson

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

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

Fem.

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

Norman Jinkerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

20

3

27

OCCUPATION

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

House wife

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)

Reynolds Co. Mo.

MOTHER FATHER

13. NAME Francis Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iron Co. Mo.

15. MAIDEN NAME Margarette Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Norman Jinkerson Belgrade Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Belgrade Mo

DATE 7/13/35

19.

(Ramsey Grove)

19. UNDERTAKER (ADDRESS)

White & Son Ironton Mo.

20. FILED

Aug 2 1935

Mrs Ella White

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

March 1835, to July 12, 1935

I last saw him alive on March, 1935 Death is said

to have occurred on the date stated above, at 4:00AM

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

Pulmonary tbc

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) M. H. Russell, M. D.

(Address) Belgrade 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.

