

JAN 15 1936

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

Do not use this space.

38636

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St Joseph (No. St Joseph Hosp) St. _____ Ward _____

File No. _____
Registered No. E305

2. FULL NAME

Maie E Jenkins
(a) Residence, No. 517 Mitchell St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 3 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) July 1935 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Mo

13. NAME William E Edwards

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

15. MAIDEN NAME Edna Loyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT Edna Mae E Edwards (ADDRESS) 1415 404

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison Mo DATE 12-16-35

19. UNDERTAKER Barry - Wylie (ADDRESS) 216 4010

20. FILED John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1935

22. HEREBY CERTIFY, That I attended deceased from Dec - 13 1935 to Dec 13 1935

I last saw her alive on Dec 12 1935. (Death is said to have occurred on the date stated above, at 6:30 a.m.)
The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributory causes of importance

IB

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) T. P. Dowden, M. D.
(Address) 414 Hospital Bldg

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.

