

JAN 16 1936

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

Do not use this space.

89386

1. PLACE OF DEATH

County Hickory  
Township Wheatland  
City Wheatland, Mo

Registration District No. 365  
Primary Registration District No. 5511

File No. 8  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Katherine Jane Jenkins

(a) Residence, No. \_\_\_\_\_ 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 fm 4. COLOR OR RACE whk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1866

7. AGE YEARS 69 MONTHS 3 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

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) Missouri

13. NAME John Bartsche

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

15. MAIDEN NAME Perdies Harlin

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

17. INFORMANT (ADDRESS) Albert Jenkins Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macelevan DATE 17/18

19. UNDERTAKER (ADDRESS) Wheatland Mo

20. FILED 12-17 1935 Mrs. A. B. Johnston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec-10, 1935, to Dec-16, 1935

I last saw him alive on Dec-16, 1935. Death is said to have occurred on the date stated above, at 1:00 a

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

Bronchial Pneumonia Date of onset 12-10-35

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical 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 \_\_\_\_\_, 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? No

If so, specify \_\_\_\_\_

(Signed) A. B. Johnston, M. D.  
(Address) Wheatland 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.

