

OCT 21 1936

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

Do not use this space.

30271

1. PLACE OF DEATH

County Christian Registration District No. 185-
Township Bedford Primary Registration District No. 5258
City (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Christian Co Mo.13. NAME Sam Gardner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Francis Garrison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Annie Gardner
Bedford, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Smith Cemetery
Bedford, Mo DATE 8-14-3619. UNDERTAKER (ADDRESS) Kathryn and Co.
Bedford, Mo.20. FILED 10-6, 1936 Josephine Merritt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12th 1936

I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Aug 12th, 1936
I last saw her alive on Aug 12th, 1936 Death is said to have occurred on the date stated above, at 5 P.m.

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

Myocardial RegenerationDate of onset 6-1-34

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Physic Was there an autopsy? No23. 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) Josephine Merritt, M. D.
(Address) Bedford, 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.

