

NOV 16 1933

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

Do not use this space.

37898

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Paris Primary Registration District No. 1002
City Kennett (No. 1008 & 17th)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jerry Jenkins
(a) Residence No. 1008 E. 17th Street 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 60

8. Trade, profession, or particular kind of work done, as splines, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

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) Oklahoma

13. NAME Dont Know

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

15. MAIDEN NAME Dont Know

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

17. INFORMANT Katherine Jenkins (ADDRESS) 1326 High Street

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn 10-29-36

19. UNDERTAKER Flynn Green Street (ADDRESS) Kennett, Mo.

20. FILED Oct 29 1936 M.M. Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH 34572

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-36

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I, Deputy Coroner, Death is said to have occurred on the date stated above, at 34572. The principal cause of death and related causes of importance were as follows:

Cyclo nephritis
Chronic fibrous myocarditis
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (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) Lawrence Richardson, M. D.
(Address) 1832 Vine

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.

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - JEFFERSON CITY, MISSOURI

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