

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

Do not use this space.

FEB 25 1937

1624

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Porter Primary Registration District No. 1092  
City Porter Mo. (No. General Hosp. #2 St. 3rd Ward) File No. 415  
Registered No. 1

2. FULL NAME

Lloyd Jenkins  
(a) Residence, No. 1101 E 19th St. 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-22-1906

7. AGE YEARS 30 MONTHS 8 DAYS 29 If LESS than 1 day, .....hrs. or .....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24 1/2

10. Date deceased last worked at this occupation (month and year) 2 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

13. NAME Jack Jenkins

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

15. MAIDEN NAME Margaret Nichols

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

17. INFORMANT Record Clerk (ADDRESS) Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Town Cem DATE 1-25-1937

19. UNDERTAKER F. Lynn + Greenstreet (ADDRESS) R.C. Mo.

20. FILED Jan 25 1937 M. M. Crome Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1937, to 1-21 1937

I last saw him alive on 1-21 1937 Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Lobar Pneumonia Date of onset

(Right)

Other contributory causes of importance:

Name of operation Clinical Date of No

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) J. C. Jones, M.D.

(Address) General Hosp. #2

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.

WRITE PLAINLY WITH CHARACTERS WHICH ARE NOT TOO SMALL

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