

SEP 25 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790  
Township Clayton Primary Registration District No. 2033a  
City Clayton (No. St. Louis County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 31802  
Registered No. 283

2. FULL NAME

Sarah Jenkins  
(a) Residence, No. 8750 Agnes, Brentwood, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~  
HUSBAND OF Gus Jenkins ?  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 5 ?

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

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) 1937 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paducah, Kentucky

13. NAME Tom Cook

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

15. MAIDEN NAME Sarah Cook

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

17. INFORMANT (ADDRESS) Maudie Duffy, Duffy, 8750 Agnes Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Aug. 17, 1937

19. UNDERTAKER (ADDRESS) Charles G. Bates, 4107 Finney Avenue

20. FILED 8/17 1937 Wm J. Signorelli Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1937 to Aug. 13 1937

I last saw her alive on Aug. 13 1937. Death is said to have occurred on the date stated above, at 12:00 noon

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

Diabetes mellitus unknown  
Diabetic Acidosis  
Date of onset 3-4-37

Other contributory causes of importance: SA

General Arteriosclerosis unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

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

(Signed) Al W. Hanso M. D.  
(Address) St. Louis County Hospital

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.

