

DEC 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonTownship Blue

City

Registration District No. 1-398Primary Registration District No. 5554(No. 745 Lewis St)File No. 41482Registered No. 381

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Benton Jenkins ✓(a) Residence, No. 745 Lewis St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvia Jenkins.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9/1899</u>		
7. AGE <u>38</u>	YEARS <u>8</u>	MONTHS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sheet Metal Worker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tank Co</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <u>1</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME John W. Jenkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Josephine Cramer.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs Sylvia Jenkins.  
(ADDRESS) 745 Lewis St18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lincoln Mo. DATE NOV/24/37 '1919. UNDERTAKER SHEIL FUNERAL HOME  
(ADDRESS) 6606 INDEPENDENCE AVE20. FILED 11-24-37 F. L. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1937, to Nov. 23 1937I last saw him alive on Nov. 22 1937 Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

NoneName of operation no Date of \_\_\_\_\_What test confirmed diagnosis? clinical 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) Paul J. Johnson, M. D.(Address) 920 N. 1st St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-11-53

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.

