DEC 20 1937

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

Do not use this space.

41607

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411

Township: — Primary Registration District No.: 2002

City: Joplin (No. 418½ Joplin St. — St. — Ward)

File No.:

Registered No.:

2. FULL NAME: Mary Katherine Jenkins

(a) Residence, No. 418½ Joplin 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 14 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 7 1862

7. AGE: Years 75 Months 9 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Oakland Illinois

FATHER

13. NAME: Andrew J. Moody
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Sarah A. Hendrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT: Claud Mrs. Miller (Christian) (ADDRESS) 418½ Joplin St Joplin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Carterville Cemetery DATE: 11/27 1937

19. UNDERTAKER: Yeager-Nelson Funeral Home (ADDRESS) Webb City Mo

20. FILED: 11-29 1937 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937, to Nov 25 1937. I last saw her alive on Nov 25 1937. Death is said to have occurred on the date stated above, at 1:28 m.

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

	Date of onset
Apoplexy	11/15/37

Other contributory causes of importance:

Name of operation: Date of:
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? 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) W. H. Loveland, M. D.
(Address) Joplin Mo