

REC'D OCT 25 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Marion Registration District No. 527
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. 2715, Hoodson St. _____ Ward) File No. 32749
 Registered No. 239
 2. FULL NAME James Jenkins 525
 (a) Residence, No. 2715 Hoodson St., _____ Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Mal 4. COLOR OR RACE bal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 80

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1938 to Sept 13 1938
 I last saw him alive on Aug 4th 1938 Death is said to have occurred on the date stated above, at 9:30 a m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

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

Other contributory causes of importance:
Senility ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 13. NAME James Jenkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

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

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Mrs Eula Briggsby
 (ADDRESS) 2713 Hoodson

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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford DATE 9-17 1938
 19. UNDERTAKER Geo E Roberts
 (ADDRESS) Hannibal
 20. FILED 9-14-1938 W C Fisher Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) H B M Nash M. D.
 (Address) Hannibal Mo

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.

