REC'D NOV 21 1938

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

Do not use this space.

34992

1. PLACE OF DEATH
County Audrain
Township Salt River
City Mexico Mo (No. 703 E Railroad St. Ward)
Registration District No. 26
Primary Registration District No. 3002
File No.
Registered No. 138

2. FULL NAME 525 Lurena Jenkins
(a) Residence, No. 703 E. Railroad St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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: 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) 6-24-1921
7. AGE: Years 17, Months 3, Days 26, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School girl
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) Mexico-Mo

FATHER
13. NAME Mabin Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo

MOTHER
15. MAIDEN NAME Nellie Paethy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo

17. INFORMANT (ADDRESS) Rena Westly Mexico Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Wood Mexico Mo DATE 10-22-38
19. UNDERTAKER (ADDRESS) [illegible] Reynolds Mexico Mo
20. FILED Oct 21, 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-, 1932
22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1938, to 10-20-, 1938
I last saw her alive on 10-20-, 1938 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pul Tuberculosis
23a
Date of onset
Other contributory causes of importance:
Name of operation ✓ Date of
What test confirmed diagnosis? 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) [illegible] Ector, M. D.
23 (Address) Mexico, Mo.

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

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-435

Date Filed 11-10-38