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.

NOV 21 1938

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

Do not use this space.

35411

File No. 38

Registered No.

1. PLACE OF DEATH
County CLARK
Township
City KAHOKA (No. , St. Ward)

Registration District No. 190
Primary Registration District No. 4113

2. FULL NAME JANICE JEAN JINKINS

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st 1938

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 ~~day,~~ 1 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kahoka, Missouri

FATHER
13. NAME Owen S. Jinkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark County Mo

MOTHER
15. MAIDEN NAME Dorothy McNally
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Clunty, Mo.

17. INFORMANT (ADDRESS) Owen S. Jinkins, Kahoka, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kahoka Cem DATE Oct 22 1938

19. UNDERTAKER (ADDRESS) Fred Kayler Kahoka Mo

20. FILED Oct 22 1938 J. R. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21st 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21st 1938, to Oct. 21st 1938, 19..
I last saw him alive on Oct. 21st 1938, 19.. Death is said to have occurred on the date stated above, at 4:30 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
I.U.D.	

Other contributory causes of importance:
Not Known

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

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?
If so, specify
(Signed) J. R. Bridges, M. D.
(Address) Kahoka Mo

RECEIVED
District Health Officer No. 10
District File Number 10-38-453
Date Filed 11-16-38