

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

Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

County Douglas
Township Ind
City (No.)

Registration District No. 288
Primary Registration District No. 5406

File No. 2183
Registered No. 4
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Manett, Missouri
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Cora Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Indiana

MOTHER 13. NAME William Jenkins

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Carl M. Jenkins
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Del Ridge Cemetery DATE January 31, 1939

19. UNDERTAKER Randall + Mitchell
(ADDRESS) Reston

20. FILED 2/1 1939 Wheeler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1939, to January 30, 1939
I last saw him alive on January 28, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral Hemorrhage Date of onset 1/30/39

Other contributory causes of importance:
Chronic Nephritis
Hypertension

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? No
If so, specify
(Signed) U. G. V. Presnell, M. D.
(Address) Manett, Missouri

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.

RECEIVED

District Health Officer No. ¹

District File Number 39-11

Date Filed 2-8-39