REC'D MAR 16 1939

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

7919
Do not use this space.

1. PLACE OF DEATH
(a) County Saline — Registration District No. 796
(b) Township — Primary Registration District No. 3038 — Registered No. 35
(c) City Marshall — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 525 Mary Elizabeth Jenkins Stillborn
(a) Residence, No. South Sharp St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Feb. 25th, 1939
7. AGE — YEARS — MONTHS — DAYS ✓ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Marshall Missouri

FATHER
13. NAME John Lester Jenkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

MOTHER
15. MAIDEN NAME Catherine Marie Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

17. INFORMANT (ADDRESS) John L. Perkins Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Lick Cem. DATE Feb. 25th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell-Lewis Marshall, Mo.
20. FILED 2-25, 1939 Mary Kent Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn Feb 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., I last saw her alive on Stillborn, 19..., Death is said to have occurred on the date stated above, at 12 Noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn - 7½ mon. gestation	

Other contributory causes of importance: Malnutrition of mother Endocervicitis — Aug 1938
Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) W. Knox, M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.