

1938 APR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Stone* 2
Township *Logan* 1
City (No.) St. Ward)

Registration District No. *843*
Primary Registration District No. *6085*

File No. *12561*
Registered No.

2. FULL NAME

525 William G Jenkins

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>m</i>	4. COLOR OR RACE <i>wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Eliza Jenkins</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 12 1866</i>		
7. AGE YEARS <i>72</i>	MONTHS <i>8</i>	DAYS <i>5</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>farmer</i>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
13. NAME <i>Henry Jenkins</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
15. MAIDEN NAME <i>Lucinda Haddock</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>		
17. INFORMANT (ADDRESS) <i>Paul Jenkins</i> <i>Essex mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mars Hill Cem</i> , DATE <i>3/19</i> 19 <i>39</i>		
19. UNDERTAKER (ADDRESS) <i>J. F. King</i> <i>765</i>		
20. FILED <i>3/17</i> 19 <i>39</i> <i>Nellie Ironley</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 17* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Had been dead 10 min. when I saw him.

Other contributory causes of importance:
AHW

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) *Malena Mol* M. D.
(Address) *Malena Mol*

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.

RECEIVED.

District Health Officer No. 6,

District File Number 6-39-759

Date Filed APR 10 1939