

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

Do not use this space.

1254

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No.) St. Ward)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 19

2. FULL NAME Bonnie June Jenkins

(a) Residence. No. 705-14 2nd 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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) June 6 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 7 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Henry co Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Claud Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry co Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Addie May Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry co Mo. (STATE OR COUNTRY)

14. INFORMANT Claud Jenkins (Address) Clinton Mo

15. Jan 22 1929 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-18 1929, to 1-21 1929 that I last saw h. al. alive on 1-21 1929, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119B Plasma-intestinal
toxemia.
11B (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED 119B IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH, DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. Walker, M. D.

172, 1929 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mullins Cemetery DATE OF BURIAL 1/23 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

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. RECORD WITH OBTAINING INSTRUMENTS IS A PERMANENT RECORD

