## MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATHY 38102Registration District No..... Primary Begistration District No. Registered No. Brookfield Betty Louise Jenkins Purdin, Missouri (a) Residence, No...... (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? mos. Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 4. COLOR OR RACE 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 19 Female White Single HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXX to have occurred on the date stated above, at ... Z. J.Q. 20m. 9/7/1931 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: If LESS than 1 7. AGE YEARS **MONTHS** DAYS day, .....hrs. 6 or .....min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... Student ATION 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and Other contributory causes of importance: occupation..... year)..... Liberal 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Kancae Howard Jenkins 13. NAME Name of operation... What test confirmed diagnosis? Was there an autopsy? Purdin 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Burns Lorene 15. MAIDEN NAME Carolin Linneus (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT.... Manner of injury,..... (ADDRESS) Nature of injury..... 18, BURIAL, CREMATION, OR REMOVAL 937. Purdin 24. Was disease or injury in any way related to occupation of deceased? If so, specify..... 19. UNDERTAKER (ADDRESS) (Signed)..... Registrar.

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