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.

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

Do not use this space.

REC'D FEB 24 1939

File No. 2940

Registered No. 1

1. PLACE OF DEATH
County Linn — Registration District No. 504
Township South ~~Benton~~ — Primary Registration District No. 4307
City Purdin (No. ..... St. ..... Ward)

2. FULL NAME 525 Lucy Malinda Jenkins

(a) Residence, No. ..... 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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF W. E. Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1874

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) 12/31/1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rowan County Kentucky

FATHER

13. NAME W. R. Hedges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXX Kentucky

MOTHER

15. MAIDEN NAME Lavina Allen

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

17. INFORMANT (ADDRESS) Mrs. Marie Owens Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins Cemetery DATE 1/4/1939 ,19

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED Jan 1 1939 U C Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1/1939 ,19

22. I HEREBY CERTIFY, That I attended deceased from June 2 ,19 37 to Jan 1 ,19 38

I last saw h.. alive on January 1 ,19 38 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
Myocardial Failure	
AGE	

Other contributory causes of importance: Arterial 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 .....

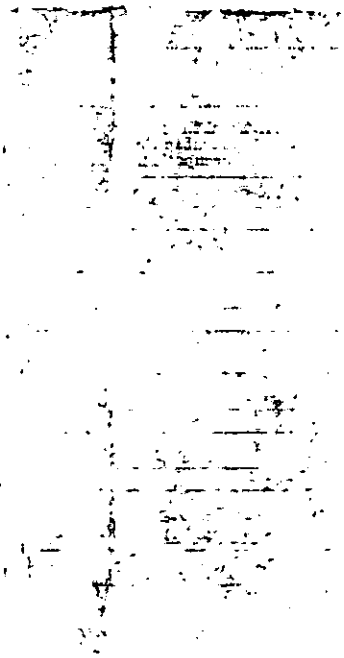
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. H. Thorgue D.O. , M. D.

(Address) Purdin, Mo.



RECEIVED
District Health Officer No. 10
District File Number 10-39-20
e Filed FEB 13 1939