

MAY 27 1930

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

Do not use this space.

13174

1. PLACE OF DEATH

County LawrenceRegistration District No. 470Township N. Mt. VernonPrimary Registration District No. 5633

City..... (No..... St..... Ward.....)

File No.....

Registered No. 19

St..... Ward.....

2. FULL NAME Florence 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 Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJ. W. Jenkins6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21, 1898

7. AGE

YEARS 21MONTHS 4DAYS 12

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Nebraska10. NAME OF FATHER James McKelips

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.12. MAIDEN NAME OF MOTHER Ella Chandler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

14.

INFORMANT Austonia Records(Address) Mr. Vernon MoFILED May 11 1930

19

W. J. Fulton

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1930

17.

I HEREBY CERTIFY, That I attended deceased from

3/27, 1929, to 4/2, 1930
that I last saw him alive on 4/2, 1930, and that death occurred, on the date stated above, at 7:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary tuberculosisCONTRIBUTORY (SECONDARY) Bott's disease

(duration) yrs. 18 mos. — ds.

(duration) yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Sputum and X-Ray(Signed) J. B. Stokes, M. D.4/4, 1930 (Address) Mt. Vernon, 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

DATE OF BURIAL

Carthage Mo 4/5 1930

20. UNDERTAKER

ADDRESS

Green and Co. Carthage 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.

