

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.

FEB 25 1936

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

Do not use this space.

6889

1. PLACE OF DEATH

County Monroe
Township Shalster
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1862

7. AGE YEARS 73 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Monroe Co (STATE OR COUNTRY) _____

13. NAME Ruben Jenkins

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) _____

15. MAIDEN NAME Eleza Falen

16. BIRTHPLACE (CITY OR TOWN) Ind (STATE OR COUNTRY) _____

17. INFORMANT Barbara Thomas (ADDRESS) California mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Care DATE 2/10 1936

19. UNDERTAKER William & Fred Meyer (ADDRESS) California mo

20. FILED 2-9-1936 H.R. Poppy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 9 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 5 - 1936, to 2 - 8 - 1936

I last saw her alive on 2 - 8 - 1936 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Apoplexy from
shot on brain

Date of onset _____

Other contributory causes of importance: _____

Name of operation Autopsy Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

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? no

If so, specify _____

(Signed) H.R. Poppy M. D.

(Address) California mo

