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

AUG 24 1936

Do not use this space.

27384

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.

1. PLACE OF DEATH

County _Moniteau_ Registration District No. _57_ File No. _____

Township _Walker_ Primary Registration District No. _4335_ Registered No. _____

City _California_ (No. _____ St. _____ Ward)

2. FULL NAME _Lorine 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	W.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Aug 27-1918_

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	17	10	4	

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) (STATE OR COUNTRY) _Moniteau_

FATHER
13. NAME _Oliver Jenkins_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Moniteau_

MOTHER
15. MAIDEN NAME _Pearl Crawford_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Moniteau_

17. INFORMANT (ADDRESS) _Oliver Jenkins California Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Sappington Cem_ DATE _7/3 36_

19. UNDERTAKER (ADDRESS) _Williams & Friedmeyer California Mo_

20. FILED _7-2- 1936_ _H.R. Popejoy_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 1 1936_

22. I HEREBY CERTIFY, That I attended deceased from _June 22 1936_, to _July 1 1936_

I last saw h___ alive on _July 1 1936_ Death is said to have occurred on the date stated above, at _830_ a. m.

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

Date of onset

Acute gangrenous appendicitis 12

Other contributory causes of importance:

General peritonitis

Name of operation _appendectomy_ Date of _June 24.3_
What test confirmed diagnosis? _operation_ 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) _L. L. Latham_, M. D.

(Address) _California Mo_