

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH

County Monroe
Township Waller
City California

Registration District No. 571
Primary Registration District No. 4355

File No. 6115
Registered No. 15
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah E. Jenkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 20, 1854</u>		
7. AGE <u>80</u>	YEARS <u>2</u>	MONTHS <u>2</u>
		DAYS <u>2</u>
		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) Enon
(STATE OR COUNTRY) Massachusetts

13. NAME _____

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

15. MAIDEN NAME Harris

16. BIRTHPLACE (CITY OR TOWN) Enon
(STATE OR COUNTRY) Mass.

17. INFORMANT Grace Keesee
(ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sappington Cemetery DATE Feb 25, 1935

19. UNDERTAKER W. Wilton & Son
(ADDRESS) California, Mo.

20. FILED 2-24-1935 A. R. Popejoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-3- 1934 to 2-23- 1935
I last saw him alive on 2-19- 1935 Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

Chronic valvular heart trouble

Date of onset _____

Other contributory causes of importance: arterio sclerosis

Name of operation Tomy Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) A. R. Popejoy M. D.
(Address) California, 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.

