

JUL 27 1935

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

Do not use this space.

20875

1. PLACE OF DEATH

County St. Francis
Township Barry
City Camden, Mo.

Registration District No. 795
Primary Registration District No. 6020

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Camden, Mo. 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 4 - 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>35</u>	<u>6</u>	<u>3</u>	

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

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) Palmer Washington Co., Mo.

13. NAME James Jinkerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmer Washington Co., Mo.

15. MAIDEN NAME Mary Gilliam

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

17. INFORMANT Mrs Lillie Jinkerson
(ADDRESS) Camden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE B. F. Cemetery DATE 6/10 1935

19. UNDERTAKER Benham Trust Co
(ADDRESS) Camden, Mo.

20. FILED June 14, 1935 N. W. Hawkin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1935

22. I HEREBY CERTIFY, That I attended _____ from held against, in deceased

_____ alive on June 7, 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Jury's verdict
Deceased came to his death as a result of the use of an ice pick inflicting mortal wounds, at the hands of
Henry Rogers.

Name of operation _____ Date _____
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) Henry Rogers M.D.
(Address) corner St. Francis Co.,
Camden, 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.

