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

MAY 29 1935

Do not use this space.

13313

1. PLACE OF DEATH
County Jefferson  Registration District No. 421
Township Joachim  Primary Registration District No. 5-3-7-1-  File No.
City ..... (No. ..... St. ..... Ward)  Registered No. 33

2. FULL NAME Sherlock Jinkerson

(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) |
|---|---|---|
| Male | white | widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Sara Jamerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1851

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 83 | 6 | 3 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Washington Co.

FATHER

13. NAME William Jinkerson

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

MOTHER

15. MAIDEN NAME Jane Mitchell

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

17. INFORMANT (ADDRESS) John Jinkerson Herculaneum Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herculaneum DATE April 15 1935

19. UNDERTAKER C. J. Beyer
(ADDRESS) Herculaneum Mo.

20. FILED 5/10 1935 J. C. Rutledge
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to April 11, 1935
I last saw him alive on April 11, 1935. Death is said to have occurred on the date stated above, at 5:30 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | 4/11/35 |
| 93 yrs | |

Other contributory causes of importance:
Arteriosclerosis
Myocarditis Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) Harry Goskett, M. D.
(Address) Festus 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.

WHETHER DEATH WAS CAUSED BY ACCIDENT, HOMICIDE OR SUICIDE, OR WHETHER IT WAS A PUERPERAL RESULT