

WISCONSIN STATE BOARD OF HEALTH
ORIGINAL CERTIFICATE OF DEATH

State Filing Date

1. PLACE OF DEATH
a. COUNTY Waushara
b. CITY (If outside corporate limits, write RURAL and give township) Hancock
TOWN Hancock
c. LENGTH OF STAY (in this place) 3 yrs. 8 mo.
d. FULL NAME OF (If not in hospital or institution, give street address or location) Gravid Army Home for Veterans

2. USUAL RESIDENCE (If institutions, residence before admission).
a. STATE Wisconsin COUNTRY Yankee
b. CITY (If outside corporate limits, write RURAL and give township) Hancock
TOWN Hancock
c. STREET ADDRESS (If rural, give location) Hancock

3. NAME OF DECEASED (Type or Print) John Jenkins
a. (First) John b. (Middle) E. c. (Last) JONES
4. DATE OF DEATH November 4, 1949
5. SEX fe 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 7, 1872 9. AGE (In years) 77 If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rolls Cwiler 11. BIRTHPLACE (State or foreign country) Wisconsin 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Jenkins 14. MOTHER'S MAIDEN NAME Marjorie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Our records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) arteriosclerosis
MEDICAL CERTIFICATION
ANTECEDENT CAUSES
Due to (b) Marital conditions, if any, giving rise to the above cause (a) starting the underlying cause last
Due to (c) Conditions contributing to the death but not related to the disease or condition causing death.

19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) IL 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (min.) 21e. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948 to Nov 4, 1949, that I last saw the deceased alive on Nov. 1949 and that death occurred at 9:30 a.m. from the cause and on the date stated above.

23a. SIGNATURE Alice Tarke 23b. ADDRESS King, Wisconsin 23c. DATE SIGNED Nov. 4, 1949
24a. BUREAU OF REMOVAL (Specify) Waushara 24b. DATE Nov. 4, 1949 24c. NAME OF CEMETERY OR CREMATORY Hancock 24d. LOCATION (City, town or county) (State) Hancock Wisconsin

DATE REC'D BY LOCAL REG. 11-8-49 REGISTAR'S SIGNATURE Alice Tarke 25. FUNERAL DIRECTOR Frank Hamilton Hancock ADDRESS Frank Hamilton Hancock Wa

UNCERTIFIED COPY
Not valid for
IDENTITY PURPOSES