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

Do not use this space.

20993

File No. .....

Registered No. 64

1. PLACE OF DEATH

County: Carroll

Township: .....

City: Carrollton (No. ....., ... St. ..... Ward)

Registration District No. 135

Primary Registration District No. 3010

2. FULL NAME William F. 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)
M	W	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Section hand on

(b) General nature of industry, business, or establishment in which employed (or employer): Railroad

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wakenda
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER F. C. Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary E. Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs F. C. Jenkins
(Address) Wakenda Mo

15. FILED 6/18, 1929 Mrs E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-17 1929

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1929, to June 17 1929 that I last saw h. ..... alive on June 17, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental - Fell from Section Motor Car when Car was derailed

2 hrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. T. Coath M. D.

6/18, 1929 (Address) Carrollton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Willis Chapel Cemetery — DATE OF BURIAL: 6-19 1929

20. UNDERTAKER: Willis Brothers — ADDRESS: Carrollton

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.