NOV 17 1936

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

Do not use this space.

36636

1. PLACE OF DEATH
County: Bates
Township: Mt Pleasant
City: (No. , St. Ward)

Registration District No.: 50
Primary Registration District No.: 5074

File No.:
Registered No.: 83

2. FULL NAME: Mannie R. Jenkins

(a) Residence, No.: Butler 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: female
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: George Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1874

7. AGE: Years 62 Months 4 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumber
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): Kentucky

FATHER
13. NAME: Stanley Jenkins N. Walsam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Mannie Powell.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): George Jenkins Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill DATE: Oct 4, 1936

19. UNDERTAKER (ADDRESS): Culver's Butler Mo

20. FILED: Oct 4, 1936 Nina L. Culver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:

Suicide by drowning in cistern

Date of onset

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury: Oct 2, 1936
Where did injury occur? On farm near Butler (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On farm near Butler.
Manner of injury: drowning by throwing
Nature of injury: buried in water

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) R. E. Crabtree, M. D.
(Address) Coroner Butler Co. Amsterdam 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.