LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF

11122

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

V. S. No. 2. A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH

Stone

ship Lincoln

Registration District No. 1047 File No. 11122-A

Primary Registration District No. 6259 Registered No. 1

(NO. ..... St. ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME B. A. Watkins

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
lo	white	Married

OF BIRTH April (Month) 27 (Day) 1857 (Year)

62 yrs. 9 mos. 12 ds. If LESS than 1 day, ... hrs. or ..... min.?

PATION
ade, profession, or
lar kind of work Farmer

neral nature of industry
ss, or establishment in
employed (or employer)

PLACE
town,
oreign country) Ark

0 NAME OF FATHER G Watkins

1 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn

2 MAIDEN NAME OF MOTHER Cariolan

3 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Donk Knox

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
rmant) Mrs B A Watkins

(Address) Elsey Mo

2-8 1920 Thos H Hultz Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6 (Month) 6 (Day) 1920 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb-3- 1920, to Feb-6- 1920

that I last saw him alive on Feb-6- 1920

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

108

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

8 (Duration) yrs. mos. ds.

(Signed) H. L. Kerr M. D.

2-8- 1920 (Address) Crane Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Buck Prairie

DATE OF BURIAL 2-8 1920

20 UNDERTAKER W E Hilton

ADDRESS Crane Mo

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

V. S. No. 2. A

MARGIN RESERVED FOR BINDING

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.: ..... Ward)

(If death occ
hospital or f
give its NAM
of street and

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH
..... (Month) ..... (Day), 1..... (Year)

7 AGE
.....yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ..... 191..... .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
..... (Month) ..... (Day), 19

17 I HEREBY CERTIFY, that I attended deceas
....., 191....., to ....., 1
that I last saw h..... alive on ....., 1
and that death occurred, on the date stated above, at .....
The CAUSE OF DEATH* was as follows:

.....
.....
..... (Duration) ..... yrs. ..... mos. .....

CONTRIBUTORY .....
(Secondary)
..... (Duration) ..... yrs. ..... mos. .....

(Signed) .....
....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Cau
(1) Means of Injury; and (2) whether Accidental, Suicidal or Ho

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER	ADDRESS