

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

Do not use this space.

30434^a
File No. _____
Registered No. 177
St. _____ Ward _____

1. PLACE OF DEATH

County Jasper
Township Webb Cdy
City _____ (No. _____)

Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME

(a) Residence. No. 1016 W First St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1923

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

HEREBY CERTIFY, That I attended deceased from Sept 24 1923 to Oct 26 1923 that I last saw h. alive on Oct 21 1923 and that death occurred, on the date stated above, at 2:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23, 1884

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 3

Chronic Myocarditis
112
g.c. Influenza - myositis (duration) yrs. mos. ds.
pneumonia (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R.M. Stormont M. D.
10/19 1923 (Address) Webb Cdy Mo

9. BIRTHPLACE (CITY OR TOWN) Pineville
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry M. Watkins

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

12. MAIDEN NAME OF MOTHER Eliza Wright

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

14. INFORMANT Mrs J. Watkins
(Address) Webb Cdy

15. FILED 10/19 23 R.M. Stormont
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cartersville Cem. DATE OF BURIAL Oct 19 1923

20. UNDERTAKER Steel Head Co ADDRESS Webb Cdy

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. AUG 26 1931

