

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

Do not use this space. 907/11

23659

SEP 26 1927

1. PLACE OF DEATH

County Buchanan

Registration District No. B5

File No. 819

Township St Joseph

Primary Registration District No. 1001
Mo Methodist Hospital

Registered No. 819

City St Joseph (No. Mo Methodist Hospital)

St. Ward

2. FULL NAME

Jesse Reed Watkins

(a) Residence No. 2902 Mitchell Ave Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Laura Louise

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

Jan 25 1884

7. AGE

YEARS 43

MONTHS 6

DAYS 20

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Architect Draughtsman

(b) General nature of industry, business, or establishment in which employed (or employer) 2 1/2 yrs

(c) Name of employer Swift & Company
Fairfax Mo

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER John Marion Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co.

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha Jane Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore

(STATE OR COUNTRY) Md.

14. INFORMANT Louis H Watkins

(Address) 1815 Olive

15. FILED 15 1927 John G. Jett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1927

17. I HEREBY CERTIFY That I attended deceased from Apr 11, 1927, to Aug 15, 1927, that I last saw him alive on Aug 15, 1927, and that death occurred, on the date stated above, at 4 A. M. Ill.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Tuberculosis
Pyelonephritis
& Bladder

CONTRIBUTORY (SECONDARY) Pyelonephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Smithsonian

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) W. M. Jett, M. D.

8/15, 1927 (Address) St Joseph Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memorial Park

DATE OF BURIAL

8; 16 1927

20. UNDERTAKER

Fleeman Funeral Home

ADDRESS

1208 Harris

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.

