MAY 29 1928

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

Do not use this space.

12517

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township Byrd — Primary Registration District No. 4070 — Registered No. 18
City Jackson (No. ..... St. ..... Ward)

2. FULL NAME Baby Watkins (unnamed)
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1928.
7. AGE: YEARS | MONTHS | DAYS: 1 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

PARENTS
10. NAME OF FATHER Claude Watkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Near Crialle Mo
12. MAIDEN NAME OF MOTHER Bessie Thiele
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Near Daisy Mo

14. INFORMANT Claude Watkins
(Address) Jackson Mo.
15. FILED 4-21, 1928 D. G. Seiber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928
17. I HEREBY CERTIFY, That I attended deceased from April 20, 1928, to April 21, 1928, that I last saw him alive on April 20, 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
14 A B
Not absolutely shine of cause
Probably due to a very difficult labor which she had (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Difficult Labor (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ordinary physical signs
(Signed) E K Statler, M. D
4/21, 1928 (Address) Jackson 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: Near Red Green Cheville Trinity Cemetery Mo — DATE OF BURIAL: April 21 1928
20. UNDERTAKER: J. W. McCombs Jr. — ADDRESS: Jackson 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.