

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

Do not use this space.

15341
~~15074~~

1. PLACE OF DEATH

County.....
Township.....
City... *St. Louis Mo.* (No. *3608*) *Arsenal*

Registration District No. **791**
1003

File No.....
Registered No. **4274**
St. Ward)

2. FULL NAME *Elmer Watkins*

(a) Residence. No. *2717 Morgan St.* *21* Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred *1* yrs. *4* mos. *27* ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX *Male* **4. COLOR OR RACE** *Colored* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *Single* (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 14, 1926*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|----------|----------|-----------|--|
| | <i>1</i> | <i>4</i> | <i>27</i> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *none*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Elmer Watkins*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Arkansas*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Oda Harris*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mississippi*
(STATE OR COUNTRY)

14. INFORMANT *Oda Watkins*
(Address) *2717 Morgan*

15. FILED *11 1928*
Max C. Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April - 11 19 28*

17. I HEREBY CERTIFY That I attended deceased from *April 10 1928* to *April 11 1928* that I last saw him alive on *April 11 1928* and that death occurred, on the date stated above, at *1:30 p. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pertussis
Secondary Bronchopneumonia
CONTRIBUTOR (SECONDARY) *Mast. Int. Acute*
(duration) *0* yrs. *0* mos. *10* ds.
(duration) *0* yrs. *0* mos. *3* ds.

18. WHERE WAS DISEASE CONTRACTED *2717 Morgan*
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No.* DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? *Phys. & Autopsy*
Perce H. Harrison, M.D.
(Signed) *4/12/28* Address *ISOLATION HOSPITAL*

*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 *Washington Park* **DATE OF BURIAL** *April 14 1928*

20. UNDERTAKER *Watson and Son* **ADDRESS** *2541 Chouteau Ave*

W. 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.

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

Edwards