C 27 1928

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

Do not use this space.

36676

1. PLACE OF DEATH
County: Grundy — Registration District No. 336
Township: — Primary Registration District No. 3017
City: Trenton (No. ..., ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME: Mrs Dzola Watkins

(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: Female
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: Wm Watkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 12, 1862

7. AGE: Years 66 | Months 3 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Missouri

PARENTS
10. NAME OF FATHER: Isaac Boorom
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Va
12. MAIDEN NAME OF MOTHER: Kathy Myers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Isaac Watkins
(Address): Trenton Mo.

15. FILED: Nov 3, 1928 — E. A. Duffy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Oct 31, 1928, that I last saw her alive on Oct 31, 1928, and that death occurred, on the date stated above, at Nov. 1 4:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis, rheumatic
Bloating of stomach with gas
from acute indigestion
attacks for (duration) 4 yrs. 3 mos. ... ds.

CONTRIBUTORY (SECONDARY): Fell in basement from which time she has suffered with complications (duration) ... yrs. 2 mos. ... ds.

18. WHERE DID DISEASE CONTRACT?
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Consultation

(Signed) Gladys Griffin D.C., M.D.
Nov. 2nd, 1928 (Address) Trenton, 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: Oddfellow — DATE OF BURIAL: Nov 3, 1928

20. UNDERTAKER: Lipsons — ADDRESS: Trenton 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.