

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

Do not use this space. 3731

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. 1227 Near Blair) St. _____ Ward _____

File No. _____
 Registered No. 1 334

2. FULL NAME

Vera Watkins
 (a) Residence. No. 1227 Near Blair St. 25 Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 5 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mill
 (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) Mo.

10. NAME OF FATHER James Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oklahoma City
 (STATE OR COUNTRY) Oklahoma

12. MAIDEN NAME OF MOTHER Corrine Olcott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macon
 (STATE OR COUNTRY) Miss

14. INFORMANT James Watkins
 (Address) 1227 Near Blair

15. FILED 141 - 7 1929 May E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-29 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 5 1929 to Jan 6 1929 (that I last saw her alive on Jan 5 1929, and that death occurred, on the date stated above, at 12:19 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Pneumonia
(uncomplicated)
Primary
10 1/2 (duration) yrs. mos. 8 da.
 CONTRIBUTORY (SECONDARY) 1000 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. M. Moore M. D.

1-7, 1929 (Address) 1386 Franklin

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Washington Park 1-9-1928

20. UNDERTAKER ADDRESS 5100

Peoples and Co Franklin

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.

WHILE ON BOARD THIS IS A PERMANENT RECORD

