

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

Do not use this space.

25266

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **St. Marys Hospital**)

File No.

Registered No. **7493**

St. Ward)

2. FULL NAME

Anges Murphy Watkins

(a) Residence, No. **4129^{1/2} East** St., **17** 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 white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Arthur J. Watkins Jr.

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

Sept 6, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

20

10

20

8. OCCUPATION OF DECEASED

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

House wife

(b) General nature of industry, business, or establishment in which employed (or employer).

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

Unknown Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14. INFORMANT

(Address)

Arthur J. Watkins Jr.

4129^{1/2} East

15. JUL 26 1934

FILED

19

W. O. Starnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** **July 26 1930**

17. I HEREBY CERTIFY, That I attended deceased from July 19 1930 to July 26 1930 that I last saw her alive on July 26 1930, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia due to stillbirth (Premature foetus 6 mo.) 1416

10.9 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Nephritis (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

14/8 **WAS THERE AN AUTOPSY?**

WHAT TEST CONFIRMED DIAGNOSIS? Physical - clinical, laboratory

(Signed) **W. N. Carter, M. D.**

7/26 1930 (Address) 3608 Grand Blvd.

*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

DATE OF BURIAL

Cosway Cem.

June 28 1930

20. UNDERTAKER

ADDRESS

Thos. J. Swan

15195 Grand

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

