

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

Do not use this space.

4717

**1. PLACE OF DEATH**

17 County Butler Registration District No. 88  
Township Neely Primary Registration District No. 5180  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 7

**2. FULL NAME**

Cluster J. Watkins  
(a) Residence, No. Neelyville Mo 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Watkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Est 1898 Est</u>		
7. AGE <u>Est 33</u>	YEARS <u>33</u>	MONTHS <u>Est</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>General</u>		11. Total time (years) spent in this occupation <u>1</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec 1930</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Arkansas</u>		
13. NAME <u>Newton Watkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Arkansas</u>		
15. MAIDEN NAME <u>Bertie Decker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shack County Arkansas</u>		
17. INFORMANT <u>George Gibson</u> (ADDRESS) <u>Neelyville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neelyville Mo</u> DATE <u>Feb. 10 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Green Undertaking Co</u> <u>Explor Bluff Mo</u>		
20. FILED <u>2, 9</u> 19 <u>31</u> <u>R. L. Turner</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1931, to Feb 9 1931.  
I last saw him alive on Feb 8 1931. Death is said to have occurred on the date stated above, at 4:45 p.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset 1-30-31

Other contributory causes of importance:  
108 108

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultural Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. L. Turner, M. D.  
(Address) Neelyville, 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.

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