

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

Do not use this space.

28101

1. PLACE OF DEATH

County Henry
Township Walter
City Lafayette (No.)

Registration District No. 355
Primary Registration District No. 5478

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Jason Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lassanville Co Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Mae Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Kent Mo
(STATE OR COUNTRY)

14. INFORMANT Joseph P. Watkins
(Address) Montrose Mo

15. FILED SEP 2 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY, That I attended deceased from July 28 1931, to Aug 8 1931, that I last saw him live on , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Tumor in uterus 845 A.M.

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Samuel A. Pogue M.D.

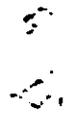
1931 (Address) Clinton Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cem DATE OF BURIAL 8/9 1931

20. UNDERTAKER Frank Lemarty ADDRESS Montrose Mo

N. B.—Every item of information should be 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.

SEP 22 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township Walker
City Clinton (No.)

Registration District No. 333-
Primary Registration District No. 2497

File No.
Registered No. 10
St. Ward)

2. FULL NAME

Elizabeth 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work No occupation
(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)
Clinton Mo

10. NAME OF FATHER Joseph Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
Paris Ky

12. MAIDEN NAME OF MOTHER Anna McCormick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
Old Branch Mo

14. INFORMANT (Address) Joseph E Watkins Montrose Mo

15. FILED 10/14 1931 W E Baggerly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. I HEREBY CERTIFY That I attended deceased from July 28 to Aug 8, 1931, that I last saw her alive on Aug 2, 1931, and that death occurred, on the date stated, at 8:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
tufted in uterine (Carcinoma) (malignant)

CONTRIBUTORY (SECONDARY) 48

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Samuel Proquer, M. D.
8/8, 1931 (Address) Clinton 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 Calhoun Cem DATE OF BURIAL 8/9 1931

20. UNDERTAKER Frank Lennarty ADDRESS Montrose

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B. - Item of information should be carefully classified. 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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