V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35506

1. PLACE OF DEATH

44 County Holt — Registration District No. 369 — File No.

2 Township ~~Union~~ — Primary Registration District No. 4215 — Registered No. 13

3 City Craig (No. ..... St. ..... Ward)

2. FULL NAME Mary Matilda Watkins

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: Daniel Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 25 1854

7. AGE: YEARS 78 — MONTHS 0 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 2

FATHER

13. NAME: Jackson Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know 31

MOTHER

15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): O J Watkins

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.O.F. DATE: Nov. 13, 1932

19. UNDERTAKER (ADDRESS): C W Davis, Craig, Mo.

20. FILED: Nov -12-, 1932 — J M Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov -11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov -4-, 1932, to Nov -11-, 1932

I last saw her alive on Nov -11-, 1932. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
131	
77	

Other contributory causes of importance:

Chronic Interstitial Nephritis	1929
131	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical — 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 ....., 19....

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) J M Davis, M. D.

(Address) Craig Mo.