

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

Do not use this space.

42706

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 1000
 City ST. LOUIS, MO. (No. CITY HOSP. No. 2) St. _____ Ward _____

File No. _____
 Registered No. 107

2. FULL NAME ANNIE WATKINS

(a) Residence, No. 2041 DIVISION St., 21 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 17 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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 2 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

13. NAME ROBERT CREWS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

15. MAIDEN NAME JULIA BYRD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

17. INFORMANT P. G. CREATH (ADDRESS) CITY HOSP. No. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bernard DATE Jan 4, 1933

19. UNDERTAKER J. E. Starnes (ADDRESS) St. Louis

20. FILED JAN - 4 1933 Registrar May C. Starnes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27-, 1932 to 12-31- 1932

I last saw her alive on 12-31-, 1932. Death is said to have occurred on the date stated above, at 7:55 a.m.

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

CHRONIC MYOCARDITIS
93C
 Other contributory causes of importance: (1)
 Date of onset UNKNOWN

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 1932

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? _____
 If so, specify _____

(Signed) Chris Smith, M. D.
 (Address) CITY HOSP. No. 2

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.

