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

Do not use this space.
36057

1. PLACE OF DEATH
County Cooper — Registration District No. 219 — File No. 2a
Township Palestine — Primary Registration District No. 5301 — Registered No.
City ..... (No. ..... , ... St. 27 Ward)

2. FULL NAME Mary 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 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Emmett Watkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 70 years
7. AGE Years About 70 years — Months ✓ — Days ✓ — 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) Nov 12th 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Belle Air Cooper Co. Mo.

FATHER
13. NAME Nathan Baylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Missouri

MOTHER
15. MAIDEN NAME Sallie Houx
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunceton Cooper Co Mo.

17. INFORMANT (ADDRESS) Emmett Watkins Bunceton R.# 4 — Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Moores Chapel DATE Nov. 18th 1933
19. UNDERTAKER (ADDRESS) Schwitzky Warnhoff Booneville Mo.
20. FILED 12/9, 1933 Hattie Peyton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15th, 1933
22. I HEREBY CERTIFY, That I attended deceased from 11/13, 1933, to 11/15, 1933
I last saw her alive on 11/15, 1933. Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia. Croupus
108
162
Other contributory causes of importance age
Date of onset
108
Name of operation ✓ Date of ✓
What test confirmed diagnosis? Usual 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) E. M. Allee, M. D.
(Address) Sporn 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD