

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

Do not use this space.

15189

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **100B**
 City **St. Louis,** (No. **St. Anthony's Hospital**) St. Ward)

File No.
 Registered No. **4402**

2. FULL NAME Nettie Watkins

(a) Residence, No. 317 De Baliviere St. 5 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 29, 1934

I last saw her alive on April 28, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1862

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 29

Chronic myocarditis Date of onset ?
Chronic Interstitial nephritis ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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**

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 Other contributory causes of importance: none

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

13. NAME Unknown

Name of operation none Date of

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

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

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

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Mabel Lessinger
 (ADDRESS) 8114 Osaka

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Hope DATE May 2, 1934

Nature of injury

19. UNDERTAKER Southern Funeral Home
 (ADDRESS) 8327 St. Louis

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 30 1934
J. H. Benedict
 Registrar.

If so, specify
 (Signed) Arven J. M. ... M. D.
 (Address) 7608 Michigan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

