

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.

JUN 21 1935

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

Do not use this space.

16831

1. PLACE OF DEATH

County Jefferson

Registration District No. 411

File No. 72002

Township Jefferson

Primary Registration District No. 496

Registered No. 16831

City St. Louis (No. 496)

St. Mineral

Ward 10

2. FULL NAME

(a) Residence, No. 406 N. Mineral St. Ward. 10

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Edward Watkins

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

Mar 31 - 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

1

10

OCCUPATION

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

House duties

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)

St. Louis, Mo.

FATHER

13. NAME

Samuel Myers

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

St. Louis, Mo.

MOTHER

15. MAIDEN NAME

Jane Henderson

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

Douglas, Mo.

17. INFORMANT (ADDRESS)

Mrs. Nellie Reed, 314 Perry Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trinity Park

DATE 5-13-35

19. UNDERTAKER (ADDRESS)

W. E. Craig, 1000 N. 1st St.

20. FILED

5-13-35 Ed. J. Gorman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to May 10, 1935

I last saw him alive on May 10, 1935 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Libar Pneumonia

Date of onset

Other contributory causes of importance:

mitral insufficiency

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) W. E. Craig M. D.

(Address) Jefferson, Mo.

