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.

JUL 2 2 1935

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

Do not use this space.

19763

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 2204

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME George Allen Watkins

(a) Residence, No. Oberlin Kansas 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1919

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
16	4	7	

OCCUPATION

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

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) Decature County Kansas

FATHER

13. NAME Herb C. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Kansas

MOTHER

15. MAIDEN NAME Clara Wyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danaphan County Kans

17. INFORMANT (ADDRESS) Mrs H. C. Watkins Oberlin Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oberlin Kansas DATE June 11, 35

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 6/11, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to June 10, 1935

I last saw him alive on June 10, 1935. Death is said to have occurred on the date stated above, at 6:45P m.

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

	Date of onset
Multiple abscesses of lung (Staphylococcal)	May 1
Abscess of liver & diaphragm	" "
	174
Other contributory causes of importance:	
Gunshot wound of abdomen (at Oberlin Kans)	Jan 35

Name of operation Exploratory at Oberlin Kans Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accdt Date of injury Jan, 1935

Where did injury occur? Oberlin Kans (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury Gunshot wound - accidental

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C. Davis, M. D.

(Address) 1024 Professional Bldg

Dr [illegible]