12414

APR 27 1936

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

Do not use this space.

13832

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 89

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Jason Redman ~~Washington~~ Watkins

(a) Residence, No. Montrose Mo. St., ... Ward. Montrose Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 26 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 11, 1854

7. AGE: YEARS 81 — MONTHS 9 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linneus, Mo

FATHER

13. NAME: Jason Watkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Anna McCounborn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Franklin Mo

17. INFORMANT (ADDRESS): Joseph E. Watkins, Montrose, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montrose Mo DATE Mar. 30 1936

19. UNDERTAKER (ADDRESS): Frank Lemartz, ~~Appleton~~ Montrose Mo

20. FILED Mar 31 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936, to 3-29, 1936

I last saw him alive on 3-28, 1936 Death is said to have occurred on the date stated above, at 12:10 A.m.

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

	Date of onset
Lobar pneumonia	3-27-36

Other contributory causes of importance: Senility

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Name of operation None Date of —

What test confirmed diagnosis? Clinical 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) D M Eubank M.D., M. D.

(Address) Nevada, Mo.

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