

JUL 22 1936

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

Do not use this space.

23251

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township W Jackson Primary Registration District No. 2002  
 City Rural Route 4 Easthage, Mo. (No. R. R. 4 Easthage, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Jane Watkins  
 (a) Residence, No. near Atlas St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 10 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>American</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17 1924</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>0</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Atlas Missouri</u>		
13. NAME <u>Joe Watkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Car.</u>		
15. MAIDEN NAME <u>Sarah Miller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>		
17. INFORMANT <u>Joe Watkins (Father)</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stirling Cemetery</u> DATE <u>6/23/36</u>		
19. UNDERTAKER <u>Hedge-Nelson Funeral Home</u> (ADDRESS) <u>W. Va. City, Mo.</u>		
20. FILED <u>6-23-36</u> <u>Ed D. Janna</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-21, 1936 to 6-21, 1936  
 I last saw her alive on 6-21, 1936 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
pan-carditis acuta Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
probably rheumatic fever  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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? \_\_\_\_\_

(Signed) Ed D. Janna M. D.  
 (Address) Janna, Mo.

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.

V. 50  
MS-1-20-36  
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