

OCT 5

1936

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

Do not use this space.

36067

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Desloge Hospital)

File No.....

Registered No.....

9708

St. Ward)

2. FULL NAME JESSIE R. WATKINS

(a) Residence, No. 914 Goodfellow St. 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
-------------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/27/74

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>62</u>	<u>3</u>	<u>27</u>	

OCCUPATION

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

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) 1938

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle, Indiana

MOTHER FATHER 13. NAME John N. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County, Ind

MOTHER 15. MAIDEN NAME Jennie Sisson

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

17. INFORMANT Union S. Watkins
(ADDRESS) 801 Valentine - Kansas C

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 9/25/36

19. UNDERTAKER Acclausen, Sons
(ADDRESS) 6175 Delmar

20. FILED SEP 24 1936
J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1936 to 9-23, 1936
I last saw her alive on 9-22, 1936 Death is said to have occurred on the date stated above, at 12 noon

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

addisons Disease
Chronic Myocarditis
Pulmonary Tuberculosis
Other contributory causes of importance: J.J.

Name of operation no Date of no
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? 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 Charles Glass, M. D.
(Signed) J. Predeck
(Address) 9201 So Broadway

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Ellen
7201st So Broadway
5:30 to 8:00 pm