

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

Do not use this space.

File No. 21207  
Registered No. 91  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 Near City Farmington, Mo. (No. 4 St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME James P. Watkins  
 (a) Residence, No. Bloomfield, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Ada Watkins  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-66  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
70 7 1  
 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.  
 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) Missouri  
 13. NAME John C. Watkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 15. MAIDEN NAME Ann Cooper  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 17. INFORMANT Hospital Records  
 (ADDRESS) Farmington, Mo.  
 18. BURIAL INFORMATION  
 PLACE Cape Girardeau, Mo. DATE May 23 1937  
 19. UNDERTAKER Herman Undertaking Co.  
 (ADDRESS) Cape Girardeau, Mo.  
 20. FILED May 15, 1937 V. J. Robinson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1937  
 22. I HEREBY CERTIFY, That I attended deceased from May 1st 1937, to May 21 1937  
 I last saw him alive on May 20 1937. Death is said to have occurred on the date stated above, at 8:30 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Generalized cerebral arteriosclerosis Date of onset \_\_\_\_\_  
 Other contributory causes of importance Senility  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul J. Schubert, M. D.  
 (Address) Farmington, Mo.

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.

