

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Shelby

Township St James

City St James (No.)

Registration District No. 678

Primary Registration District No. 5904

File No. 31482

Registered No.

St.

Ward)

2. FULL NAME May R. Watkins

(a) Residence, No. 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-9-1925

7. AGE YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

12 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) Hawkins Bank (STATE OR COUNTRY) Mo

13. NAME Ray Watkins

14. BIRTHPLACE (CITY OR TOWN) Decatur (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ida Randall

16. BIRTHPLACE (CITY OR TOWN) St James (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ray Watkins St James Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dawson Cem DATE 8-16 1937

19. UNDERTAKER (ADDRESS) W. E. Richberger St James Mo

20. FILED 9-1- 1937 W. W. Hout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to Aug 15, 1937
I last saw h. alive on Aug 10, 1937 Death is said to have occurred on the date stated above, at 12:20 p. m.

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

Pseudo Tuberculosis (Typhoid disease)

Date of onset 1930

Other contributory causes of importance: 12 B

Name of operation Chinist Date of 7/20

What test confirmed diagnosis Chinist Was there an autopsy? No

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

Accident, suicide, or homicide? no Date of injury no, 1937

Where did injury occur? no

(Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) William H. Brewster, M. D.

(Address) St James, 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.

