

JAN 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

46324

1. PLACE OF DEATH

County ButteRegistration District No. 668

Township

Primary Registration District No. 3232City Sedalia(No. 1509 S. Vermont)File No. 362Registered No. 668

St.

Ward)

2. FULL NAME George Washington Watkins(a) Residence, No. 1509 S. Vermont

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs.

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Florence Adeline Watkins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min:73920

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.laborer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Railroad Shops10. Date deceased last worked at
this occupation (month and
year) 1-9-3711. Total time (years)
spent in this
occupation 712. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois13. NAME Smith Watkins14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky15. MAIDEN NAME Jane Pappas16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ill.17. INFORMANT Mrs. G. W. Watkins(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE 12-18-193719. UNDERTAKER McLaughlin Bros(ADDRESS) Sedalia20. FILED 12-17-

1937

John Black

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 193722. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1937 to Dec 13, 1937I last saw him alive on Dec 13, 1937 Death is saidto have occurred on the date stated above, at 7 p. m.

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

acute indigestion and myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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) Ward Phillips

M. D.

(Address) Sedalia Mo

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

