

REC'D DEC 19 1938

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

Do not use this space.

40150

1. PLACE OF DEATH

County Ray Registration District No. 2
Township Ray Primary Registration District No. 3035
City Richmond MO. (No. 1) St. _____ Ward _____

File No. _____
Registered No. 178

2. FULL NAME Franklin. Ives. 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. 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 Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Perkesbueg West. Va.

13. NAME J.E. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mangaongehale Penn.

15. MAIDEN NAME Eliza J. Ware

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mangaongehale Penn.

17. INFORMANT Virginia Watkins (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Richmond Mo. Nov. 27, 1938

19. UNDERTAKER E. Thurman (ADDRESS) Richmond. Mo. 668

20. FILED 12-1, 1938 Manu. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Nov 25, 1938

I last saw him alive on Nov 25, 1938. Death is said to have occurred on the date stated above, at 1 P.M.

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

Coronary Occlusion

Date of onset

Other contributory causes of importance: At A'

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 _____, 1938

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? Yes

If so, specify _____

(Signed) Ed. S. [unclear], M. D.

(Address) Richmond 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38