

REC'D JAN 23 1939

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

3413  
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660  
(b) Township Central Primary Registration District No. 5878  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Watkins

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as 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) Perry Co., Mo.

FATHER 13. NAME John C. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

MOTHER 15. MAIDEN NAME Mary Anne Frum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co., Mo.

17. INFORMANT (ADDRESS) Record at County home for poor Perryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE Jan. 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons Perryville Mo.

20. FILED Jan 3 1939 Joe J. Jauch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938 19 to Jan 2 1939 19.  
I last saw him alive on Jan 2 1939 19. Death is said to have occurred on the date stated above, at 10 P. m.

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

Chronic Interstitial Nephritis

Other contributory causes of importance: General Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) W. H. Bailey, M. D.

(Address) Perryville

Deceased Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. **PHYSICIANS should state EXACTLY. NO NUMBER should be stated.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, working under my personal supervision.

Signed Wallace Yanny  
Licensed Embalmer No. 4027  
P. O. Address Perryville, Pa.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**