

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

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.

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

Do not use this space.

APR 18 1939

10451

1. PLACE OF DEATH

21 County Chariton 2
Township Brunswick
City Brunswick (No. 1)

Registration District No. 169
Primary Registration District No. 4098

File No. 10451
Registered No. 7
St. _____ Ward _____

2. FULL NAME ELIAS GRAVES 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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Jess Watkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Brunswick, Mo

MOTHER 13. NAME Boyd J. C. Watkins

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

15. MAIDEN NAME Elizabeth Turner

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

17. INFORMANT (ADDRESS) Mrs. E. G. Watkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick, Mo DATE March 8th 1939

19. UNDERTAKER (ADDRESS) Brunswick, Mo

20. FILED March 7 1939 Harvey C. Latham Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY That I attended deceased from March 6, 1939 to March 6, 1939

I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 3:25 p.m.

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

Chronic myocardial degeneration
A. B. C.

Other contributory causes of importance: Acute Pulmonary Edema 3-6-39
Emphysema 3-1-39

Name of operation None Date of _____
What test confirmed diagnosis? Plummet Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur? _____ (Specify _____ or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) William T. Latham M. D.
(Address) Brunswick, Mo.

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RECEIVED
District Health Officer No. 8,
Date Filed 4/11/39
Serial File Number