

REC'D APR 13 1939

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

11733

Do not use this space.

## 1. PLACE OF DEATH

(a) County NodawayRegistration District No. 625

(b) Township

Primary Registration District No. 3031Registered No. 47(c) City Maryville(d) Street No. St. Francis Hospital 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. da. (f) How long in U. S.; if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 325

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St. 

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.4. COLOR OR RACE W.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) Mar. 26, 1939

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) Maryville, Mo.

FATHER

13. NAME Sherman Leon Watkins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, Mo.

MOTHER

15. MAIDEN NAME Doris Irene Henry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Junction, Mo.17. INFORMANT (ADDRESS) Sherman L. Watkins, Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ClearmontDATE 3-27

1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pigg Funeral Home, Maryville, Mo.20. FILED 3-27

1939

FILED

1939

FILED

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19....., to....., 19..... Death is said

to have occurred on the date stated above, at 4:15 P. m.

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

Stillborn  
Birth injury

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) D. F. Oylund

M. D.

(Address) Burlington Junction, Mo.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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