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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County 96 Registration District No. 791 File No. 3630

Township Primary Registration District No. 1003 Registered No. 664

City St. Louis, Mo. (No. City Sanitarium St. Ward)

2. FULL NAME Jason Watkins,

(a) Residence, No. 2905 Cass Ave., St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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): Marries

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 30, 1869

7. AGE: YEARS 67, MONTHS 7, DAYS 15. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Furnace Tender~~ Retired - Machine a moulder 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shop as ~~Furnace Tender~~

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY): Missouri 1

FATHER

13. NAME: Jason Watkins

14. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY): New Hampshire 2

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN): Unknown (STATE OR COUNTRY): Ohio 2

17. INFORMANT: [illegible signature] (ADDRESS): 3906 [illegible] Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE: Odin, Ill. DATE: Jan 17, 1937

19. UNDERTAKER: J. J. Quinn (ADDRESS): [illegible] Blvd

20. FILED: JAN 15 1937, 19 ... J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 14, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, 19 to Jan. 14, 1937

I last saw him alive on Jan. 14, 1937 Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Chronic Myocarditis 1-1-36x

AZR

Other contributory causes of importance:

Auricular Fibrillation(12-15-36

Arteriosclerosis 1-1-36x

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?

If so, specify ...

(Signed) T. Campbell, M. D.

(Address) 5400 Arsenal St.

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

X9314

[illegible]

[illegible]

[illegible]

[illegible]