

AUG 26 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25199

Do not use this space.

1. PLACE OF DEATH

(a) County Calver Registration District No. 97
 (b) Township Ridder Primary Registration District No. 5143
 (c) City Huddle (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 ELIETH 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. D. Watkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>83</u> <u>4</u> <u>6</u>		
7. AGE <u>83</u>	YEARS <u>4</u>	MONTHS <u>6</u>
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) Hainsville Mo.
(STATE OR COUNTRY)13. NAME James Harrington14. BIRTHPLACE (CITY OR TOWN) Marion
(STATE OR COUNTRY)15. MAIDEN NAME Nancy Love16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Nancy B. Schup
(ADDRESS) Marion Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Marion DATE July 3119. FUNERAL DIRECTOR (NAME) F. G. Lyon
(ADDRESS) Shawsville Mo.20. FILED July 29 1939 H. F. Ponce
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/193922. I HEREBY CERTIFY, That I attended deceased from 4/19/1939 to 7/28/1939I last saw her alive on 7/28/1939 Death is said to have occurred on the date stated above, at 12 p.m.

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

Chronic glomerulo
nephritis
Diabetes incipiens
Chronic myocardial
failure

Date of onset

Not known""

Other contributory causes of importance:

HypertensionNot known

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) A. B. Lyon(Address) Ridder, Mo.

Disposal Health No. 11
District File Number 839-1028
Date Filed AUG 10 1939

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 _____

F. L. Lyon, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

F. L. Lyon
By Floyd J. J. J.

Licensed Embalmer No. 952

P. O. Address Stewartville, Mo.

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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-199

Do not use this space.

1. PLACE OF DEATH

(a) County Baldwell

Registration District No. 99

(b) Township Tridder

Primary Registration District No. 5143

(c) City

(d) Street No.

(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

Elizabeth Watkins

(a) Residence, No. St. ☐

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widow

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

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

March 23 1886

7. AGE

YEARS

83

MONTHS

4

DAYS

6

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housework

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

MEDICAL CERTIFICATE OF DEATH

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

7 - 29 - 1939

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....

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

to have occurred on the date stated above, at..... m.

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

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?.....

If so, specify.....

(Signed) C. E. Bloom M. D.

(Address) Tridder mo

17. INFORMANT
(ADDRESS)

Mrs. Richard Schlup
Tridder Mo

18. BURIAL, CREMATION, OR REMOVAL

Whisper Cemetery Mo DATE July 31 1939

19. FUNERAL DIRECTOR
(ADDRESS)

J. E. Moore
Stewartville Mo

20. FILED

9/5

39

H. F. Powell

Local Registrar

S-25199 1939