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

Do not use this space.

17256

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 8248 B Registered No. 174

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Finis V. Watkins.

(a) Residence. No. 1508 Market Str., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	39	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plasterer
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Dixon,
(STATE OR COUNTRY) Mississippi

PARENTS
10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT C. H. Smith
(Address) C. H. Smith, Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED June 2 1930 L. C. Obrad, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1930, 19, to May 31, 1930, 19, that I last saw him alive on May 31, 1930, 19, and that death occurred, on the date stated above, at 2:10 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pulmonary, Chronic, Far Advanced, active.
23A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.
(Signed) W. C. Gibson, Medical Officer In Charge M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Philadelphia Miss
DATE OF BURIAL 6/2 1930

20. UNDERTAKER C. Hoffmeister U. & L. Co.
ADDRESS 7814 So Bdwy

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.