

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1121

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence

Registration District No. 398  
Primary Registration District No. 3019  
(No. Independence Sanitarium)

File No. \_\_\_\_\_  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME** Mrs. Nettie May Watkins

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Sparks, Kansas  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred X yrs. X mos. 14 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Female	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) Married
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**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
HUSBAND OF  
(OR) WIFE OF Fred H. Watkins

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) June 7 1886

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>6</u>	<u>24</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE** (CITY OR TOWN) Fanning  
(STATE OR COUNTRY) Kansas

<b>PARENTS</b>	<b>10. NAME OF FATHER</b> <u>Steven Davis</u>
	<b>11. BIRTHPLACE OF FATHER</b> (CITY OR TOWN) <u>Fanning</u> (STATE OR COUNTRY) <u>Kansas</u>
	<b>12. MAIDEN NAME OF MOTHER</b> <u>Elizabeth Blanton</u>
	<b>13. BIRTHPLACE OF MOTHER</b> (CITY OR TOWN) <u>Fanning</u> (STATE OR COUNTRY) <u>Kansas</u>

**14. INFORMANT** Fred H. Watkins  
(Address) Sparks, Kansas.

**15. FILED** 1-1-1931 J. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Jan. 1, 1931 19

**17. I HEREBY CERTIFY**, That I attended deceased from Dec. 27, 1930 to Jan. 1, 1931, that I last saw her alive on Dec. 31, 1930, and that death occurred, on the date stated above, at 1:15 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senile dementia  
(paralytic type)  
(duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY** Pneumonia  
(SECONDARY)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) Chas. Gratske M. D.

Jan. 1 1930 (Address) Independence, 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**  
Fanning Kansas

**DATE OF BURIAL**  
1-3-1931 19

**20. UNDERTAKER**  
H. W. STAHL

**ADDRESS**  
INDEP. MO.

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.

