

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

Do not use this space.

20059

1. PLACE OF DEATH

County JACKSON Registration District No. 404
Township KAW WASHINGTON Primary Registration District No. 558
City KANSAS CITY (No. 8009; HIGHLAND St. _____ Ward _____)

File No. _____
Registered No. 38

2. FULL NAME MRS. RACHEL O. WATKINS

(a) Residence, No. 8009 HIGHLAND St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-28-1858

7. AGE YEARS <u>75</u>	MONTHS <u>4</u>	DAYS <u>18</u>	IF LESS THAN 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-15-1933

22. I HEREBY CERTIFY, That attended deceased from Mar 11, 1933 to June 15, 1933

I last saw her alive on June 15, 1933 Death is said to have occurred on the date stated above, at 7:50 P.M.

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

Other contributory causes of importance:
Sunday amnesia

Date of onset months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VERMONT

FATHER

13. NAME OLLIER TOOLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME RACHEL BLY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MISS LOZONE WATKINS
(ADDRESS) 8009 HIGHLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE-17-1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6/16 33 J.M.P. Humphrey Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? third 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) J. Jones, M. D.
(Address) 803 + Paris

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.

WHITE PEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 22 1933

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N. e. 80th + Passo.

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