

FEB 15 1935

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

Do not use this space.

4254

1. PLACE OF DEATH

County Madison Registration District No. 25
Township Scott Primary Registration District No. 4019
City Madisonburg (No.)

File No.
Registered No.
St. Ward

2. FULL NAME Fredrick Watkins

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Watkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26-1848</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>4</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired RR Man</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Section farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>	11. Total time (years) spent in this occupation <u>52</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>		
FATHER	13. NAME <u>William Watkins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>	
MOTHER	15. MAIDEN NAME <u>Ellen Livingston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>London England</u>	
17. INFORMANT (ADDRESS) <u>Mrs. George J. Callahan Madison Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>London Mo. 2-9-35</u>		
19. UNDERTAKER (ADDRESS) <u>Walter M. Jacobs Madison Mo.</u>		
20. FILED <u>Feb 7th 1935</u> <u>Mary C. Jacobs</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6-1935 .19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12-1934 to Feb. 6-1935, 19...
I last saw him alive on Feb. 5-1935, 19... Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Endocarditis, Chronic
Senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) W. R. McCall, M. D.
(Address) Iadonia Mo.

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 FEMININE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

