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.

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

APR 24 1935

Do not use this space.

10096

1. PLACE OF DEATH

County Porry — Registration District No. 660 — File No.

Township Contral — Primary Registration District No. 5878 — Registered No. 10

City ~~Porryville~~ (No. , St. Ward)

2. FULL NAME Thomas Watkins

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1874

7. AGE: 60 YEARS — MONTHS: 11 — DAYS: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Porry Co. Mo.

FATHER

13. NAME John c. Watkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Porry Co. Mo.

MOTHER

15. MAIDEN NAME Mary Ann Frumm

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

17. INFORMANT (ADDRESS) Frank Watkins Porryville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope DATE March 15 1935

19. UNDERTAKER (ADDRESS) Young & Fenwick Porryville Mo.

20. FILED Mar 14 1935 Ed. L. Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1935, to Mar 13, 1935

I last saw him alive on Mar 12, 1935 Death is said to have occurred on the date stated above, at 4:00 A.m.

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

	Date of onset
Broncho pneumonia	3-6-35
1872	

Other contributory causes of importance:

none

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) Jerome J. Bredall, M. D.

(Address) Porryville, Mo.