

WHITE 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.

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

Do not use this space.

MAY 23 1935

12279

1. PLACE OF DEATH

24 County CLAY
Township LIBERTY
City LIBERTY (No.)

Registration District No. 201
Primary Registration District No. 5280

File No.
Registered No.
St. Ward)

2. FULL NAME

LABAN S. WATKINS

(a) Residence, No. 432 E. MISS St. Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 24, 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>0</u>	<u>23</u>	

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

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) April 17 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935, to April 17 1935. I last saw him alive on April 17 1935. Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:
Just old age - He was sent to sick

Other contributory causes of importance: 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Liberty Mo

13. NAME JAMES M. WATKINS

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

15. MAIDEN NAME MARTHA SPARCE

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

17. INFORMANT MRS. W. F. MILLEN (ADDRESS) Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 4/19/35

19. UNDERTAKER Church-Archer Co. (ADDRESS) Liberty, Mo.

20. FILED 4/18 1935 ST. BRANT Registrar

Name of operation Date of
What test confirmed diagnosis? 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. H. Rethford, M. D.
(Address) Liberty Mo

AUG 7 1946