

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.

FEB 18 1936

1. PLACE OF DEATH

County Clay
Township Franklin
City Federal Springs

Registration District No. 198
Primary Registration District No. 3011

File No. 626
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF J.R. Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 11

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. _____
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) Ray Co. Mo.

13. NAME Thos. Neal

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

15. MAIDEN NAME No. Not Known

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

17. INFORMANT (ADDRESS) Ellen Watkins
Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE 1/23/36

19. UNDERTAKER (ADDRESS) C. M. Young
Richmond Mo.

20. FILED Jan. 21, 1936 Wm. R. McConkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-12 1936 to 1-21 1936
I last saw h. or alive on 1-21 1936. Death is said to have occurred on the date stated above, at D.I.S.P.

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

Carcinoma of Stomach Date of onset _____

Other contributory causes of importance: Chronic Interstitial Nephritis
Myocarditis

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? L Date of injury L, 19____
Where did injury occur? L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) W. A. Dunbar, D.D.
(Address) Excelsior Springs, Mo.

