

REC'D MAY 10 1939

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

15643
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 609
 (b) Township Neesho Primary Registration District No. 4363
 (c) City Neesho (d) Street No. _____ Registered No. 48
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 325 Daniel Monroe Watkins
 2. PRINT FULL NAME _____
 (a) Residence, No. 523 N. Lincoln St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Watkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1863
 7. AGE YEARS 76 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as 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) Springdale Arkansas
 FATHER 13. NAME Daniel Watkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Sarah Watkins
 (ADDRESS) Neesho Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Libson Cemetery DATE April 18, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barley Thompson
Neesho Mo.
 20. FILED 4-25 1939 Louisa A. Sale, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939
 22. I HEREBY CERTIFY, That I attended deceased from August 19, 1938 to April 16, 1939
 I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 8:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular heart diseases
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 Other contributory causes of importance:
Chronic Interstitial Nephritis
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) Louisa A. Sale /, M. D.
 (Address) Neesho, Mo.

Date of onset

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.

733-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Gail R. Gay

Registered Apprentice No. *189*

working under my personal supervision.

Signed.....

Barry Thompson

Licensed Embalmer No. *3259*

P. O. Address.....

Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.