

REC'D SEP 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Lawrence

Registration District No.

468

Township

Buck Prairie

Primary Registration District No.

56.29

City

Logansport

(No.)

St.

Ward)

2. FULL NAME

Benjamin Franklin Watkins

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(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

3. SEX

Male

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Vina Watkins

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

April 1, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

76

4

1

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer -
retired.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..... 112. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

13. NAME

James Watkins

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

Unknown

15. MAIDEN NAME

Polly Martin

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

Unknown

17. INFORMANT

(ADDRESS)

Henry Watkins

Lambert, Okla.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wright, Mo. DATE August 2, 1939

19. UNDERTAKER

(ADDRESS)

H. W. Allison

Billings, Mo.

20. FILED

Aug 10, 1939 Laura O. Connolly

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1939, to Aug 2, 1939

I last saw him alive on Aug 1, 1939. Death is said

to have occurred on the date stated above, at 1-2 a.m.

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

chronic myocarditis
of onset
4/6

Other contributory causes of importance:

Arteriosclerosis
Carcinoma

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?.....

If so, specify.....

(Signed) F. H. Brown, M. D.

(Address) Billings, 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.

RECEIVED

District Health Officer No. 6,

District File No. 939-1770

Date Filed SEP 6 1939