

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

29861  
Do not use this space.

REC'D SEP 20 1939

**1. PLACE OF DEATH**

(a) County Camden Registration District No. 65-1  
 (b) Township Little Prairie Primary Registration District No. 4388  
 or Caruthersville  
 (c) City Caruthersville (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) 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.

**2. PRINT FULL NAME**

(a) Residence, No. East 19th 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 Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-4-1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 10 28  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Caruthersville Mo  
 FATHER  
 13. NAME Jessie Watkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss  
 MOTHER  
 15. MAIDEN NAME Frances Oney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
 17. INFORMANT (ADDRESS) Jessie Watkins Caruthersville, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie DATE Aug 3  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Smith Caruthersville, Mo  
 20. FILED Aug 8 1939 Ada Martin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 31 1939, to Aug 2 1939  
 I last saw her alive on Aug 2 1939 Death is said to have occurred on the date stated above, at 9:15 am.  
 The principal cause of death and related causes of importance were as follows:  
Tuber Pneumonia  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_  
 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) J. B. Lewis, M. D.  
 (Address) Caruthersville

Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 939-5

Date Filed 9/6/39

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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