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.

REC'D SEP 8 1939

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

Do not use this space.

30466

109 2

1. PLACE OF DEATH

County Warren — Registration District No. 881 — File No.

Township Camp Branch — Primary Registration District No. 6175 — Registered No. 34

City New Truxton Mo. (No. ..... St. ..... Ward)

395

2. FULL NAME Virginia Watkins

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

(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~Male~~ Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Calvin Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1856.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	3	29	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Duties

10. Date deceased last worked at this occupation (month and year) June -1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.

FATHER

13. NAME 1'st name unknown (Houke)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. 0

MOTHER

15. MAIDEN NAME Ann Brown. 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co Mo. 0

17. INFORMANT (ADDRESS) Mrs Antone Femmer. Truxton Mo,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pin Oak Cem DATE Aug 15 1939.

19. UNDERTAKER (ADDRESS) Oland A Jones Bellflower Mo

20. FILED Aug 15, 1939 A. W. Ebeling Registrar. per Fred H Vahle.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939, to August 13, 1939

I last saw her alive on Aug. 13, 1939. Death is said to have occurred on the date stated above, at 10 P.m.

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

Myocarditis (Senile). Uremia.

Date of onset

93

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? no

If so, specify .....

(Signed) John B. Kellerman, M. D.

802 (Address) Wright City, Mo.

Kolman