

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

**40458**  
 Do not use this space.

1. PLACE OF DEATH Remiscott 2  
 (a) County New Madrid Registration District No. 114  
 (b) Township Grand 869 Primary Registration District No. 5869 Registered No. 23  
 (c) City Portageville, Mo. (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Watkins  
 (a) Residence, No. Near Portageville, Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1891

7. AGE YEARS 48 MONTHS --- DAYS --- If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) New Madrid Co., Mo

FATHER 13. NAME Dont know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Dont know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) James Harrelso, son-in-law

18. BURIAL, CREMATION, OR REMOVAL PLACE Ingalls DATE 11/1/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Payne  
Portageville, Mo

20. FILED Nov 30 1939 Mary W. Cook Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct., 31, 39

22. I HEREBY CERTIFY, That I attended deceased from Oct., 20th 1939 to Oct., 30, 39, 19\_\_\_\_.

I last saw him alive on Oct., 30, 39, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 A. m.  
 The principal cause of death and related causes of importance were as follows:  
About 3 years ago  
Pulmonary Tuberculosis

Other contributory causes of importance: 27  
None

Name of operation None Exam Exam Date of \_\_\_\_\_  
 What test confirmed diagnosis? Only clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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) A. A. Reeder, M. D.  
 (Address) Portageville, 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. 2

District File Number 1239-387

Date Recd 12-4

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 comply with the above constitutes grounds for revocation of license.)

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