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

129

Do not use this space.

36563

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 21
Township ~~Shawnee~~ Cape Girardeau Primary Registration District No. 5180
City Dutchtown (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME L. L. Watkins
(a) Residence. No. R. D. #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. C. L. Watkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 201M
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) R. D. #1
(STATE OR COUNTRY) Cape Girardeau Mo

PARENTS

10. NAME OF FATHER Albert Watkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Abernathy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. L. Watkins
(Address) R. D. #1

15. Nov 10, 1929 FILED Alma J. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that
death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death caused by Rock falling on his head and breaking Neck

..... (duration) ....yrs. ....mos. ....ds.
CONTRIBUTORY (SECONDARY) 1760
..... (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Chas B Jaeger M.D.
, 19 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
McClain Cemetery	Nov 10 1929
20. UNDERTAKER	ADDRESS
A. W. Hunt Supt	536 Broadway

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.

State Board of Health
Bureau Vital Statistics
Jefferson City. Mo.

Gentlemen :—

Herewith I attach Coroners relation to a death in this Township which the Coroner of this county made out the death certificate of Booth out for Randol Township. while Mr Charles L Watkins was instandly Killed in the Dannie Rock Quarry at Nelly Landing Mo which is located in the Shawnee Township. and should be recorded here in this District Dr Miller Nunres better. I cant see why he wants to claim This registration of Mr Charles L Watkins. Mr J. D. McLain who lives & Died at Oriole Mo. in Randol Township that is all Correct for Dr Miller to record. but I do object to him recording The death certificate of Charles L Watkins.

Will You please investigate & have This Error corrected & report your finding Soon.

Yours Very Truly
F. J. Christen
Local Registrar Dist 129

Notice
News paper Clipping.

S 36563 1929

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 129 File No.
Township Shawnee Primary Registration District No. 5180 Registered No. 27
City (No. St. Ward)

2. FULL NAME C. L. Watkins

(a) Residence. No. R. F. D. #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs C. L. Watkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor Orary.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) R. F. D. #1
(STATE OR COUNTRY) Cape Girardeau Mo

PARENTS

10. NAME OF FATHER Albert Watkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Mary Abernathy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs C. L. Watkins
(Address) R. F. D. #1 Cape Girardeau

15. FILED Dec 7, 1929 W. J. Schoon REGISTRAR

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that
death occurred, on the date stated above, at 8 a. ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death Caused by Rock Falling on Him and Breaking Neck
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY)
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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas B. Jaegn Coroner, M. D.
11/8/, 1929 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
McClain Cemetery	Nov 10 1929
20. UNDERTAKER	ADDRESS
Ed Brunkhorst	336 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW