

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

Do not use this space.

531
3

1. PLACE OF DEATH

County Cape Girardeau
Township Sharon
City St. Charles (No. 41)

Registration District No. 129
Primary Registration District No. 5-180

File No.
Registered No. 2
St. Ward

2. FULL NAME

Mrs. Nancy Watkins

(a) Residence No. R.F.D. #1 Cape 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. da. How long in U.S., if of foreign birth yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19-1848

| | | | | |
|-----------|----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>80</u> | <u>9</u> | <u>9</u> | <u>9</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo.
(STATE OR COUNTRY) Mo. Cape Girardeau Co.

10. NAME OF FATHER Wm. Covington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Run
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Theresa King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Run
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. E. L. Watkins
(Address) R.F.D. #1 Cape Girardeau

15. FILE NO. Jan 29, 1929 REGISTRAR F. J. Johnson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28-29 1929

17. I HEREBY CERTIFY, That I attended deceased from January 17th, 1929, to January 26, 1929, that I last saw her alive on Jan 12th, 1929, and that death occurred, on the date stated above, at 12:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic leukocystitis
127B

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

8. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. W. Haystack, M. D.

Jan. 29, 1929 (Address) Pe. cad. plus 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 1-29-29 1929

20. UNDERTAKER Al. Bunch off.
ADDRESS Cape Girardeau Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1172
16
0
0

23

31

31

MO

