

REC'D MAY 10 1939

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

15643  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Newton Registration District No. 609  
 (b) Township Neesho Primary Registration District No. 4363  
 (c) City Neesho (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 Daniel Monroe Watkins  
 (a) Residence, No. 523 N. Lincoln 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Watkins  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1863  
 7. AGE YEARS 76 MONTHS 7 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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) Springdale Arkansas  
 FATHER 13. NAME Daniel Watkins  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Sarah Watkins Neesho Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Libson Cemetery DATE April 18, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barley Thompson Neesho Mo.  
 20. FILED 4-25 1939 Louisa A. Sal. Md. Local Registrar. 54

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from August, 1938 to April 16, 1939  
 I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 8:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Valvular heart diseases  
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 Other contributory causes of importance:  
Chronic Interstitial Nephritis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No  
 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) Donald A. Sale M. D.  
 (Address) Neesho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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

*Gail R. Gay*

Registered Apprentice No. *189*

working under my personal supervision.

Signed

*Barry Thompson*

Licensed Embalmer No. *3259*

P. O. Address

*Neosho Mo.*

**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.**