

New Zealand Death Certificate

DECEASED

First/given name(s) **Samuel**
Surname/family name **Watkins**

(If different from above) First/given name(s) at birth -
Surname/family name at birth -

Date of death **7 March 1915**
Place of death **Ravensbourne West Harbour**
Cause or causes of death **Arterio Sclerosis - 10 Years**
(as specified in doctor's certificate or coroner's order) **Angina Pectoris - 3 Years**

Name of certifying doctor **F S Batchelor**
Date last seen alive by certifying doctor **7 February 1915**

Sex **Male**
Age and date of birth **59 years Not Recorded**
Place of birth **Victoria**
If not born in New Zealand number of years lived here -
Usual home address -

Usual occupation, profession or job **Labourer**
Date of burial or cremation **9 March 1915**
Place of burial or cremation **Cemetery Andersons Bay**
Age of each daughter **34 28 25**
Age of each son **37 21**

PARENTS

MOTHER: First/given name(s) **Mary Ann**
Surname/family name **Watkins**
(If different from above) First/given name(s) at birth -
Surname/family name at birth **Hutchinson**

FATHER: First/given name(s) **David**
Surname/family name **Watkins**
(If different from above) First/given name(s) at birth -
Surname/family name at birth -

RELATIONSHIP(S)

Relationship status at time of death **Not Recorded**
Relationship type -
Age of deceased at event **22**
Place of marriage/civil union **Victoria**
SPOUSE/ First/given name(s) **Annie**
PARTNER: Surname/family name **Smith**
Sex -
Age *(if living)* **Not Recorded**

Certified true copy of particulars recorded by a Registrar

Issued under the seal of the Registrar on **4 January 2012**

Registration Number

1915002228

