

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

13813

PLACE OF DEATH
County Ray
Township Knoxville
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 915
Primary Registration District No. 6236

File No. _____
Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mary E Watson

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widow</u> (Write the word)
DATE OF BIRTH <u>July 8, 1847</u> (Month) (Day) (Year)		
AGE <u>67 yrs. 9 mos. 5 ds.</u> if LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Ray Co Mo.</u>		
PARENTS	NAME OF FATHER <u>John Jones</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Illinois</u>	
	MAIDEN NAME OF MOTHER <u>Martha Wood</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Apr 13, 1915
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Mar 15, 1915, to Apr 13, 1915, that I last saw her alive on Apr 12, 1915, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:
Interstitial Nephritis
131
97
150
(Duration) ___ yrs. 6 mos. ___ ds.

Contributory Atherosclerosis
8 (SECONDARY)
(Duration) 2 yrs. ___ mos. ___ ds.

(Signed) R. E. Mowbray M. D.
4/12 1915 (Address) Polo Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W E Watson
(ADDRESS) Polo Mo

Filed Apr 13, 1915 Dr. W. G. Gainer
REGISTRAR

PLACE OF BURIAL OR REMOVAL
Knoxville Cem
UNDERTAKER
Alsbaugh & Lowrey

DATE OF BURIAL
Apr 14, 1915
ADDRESS
Polo 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.

