

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

1670

1. PLACE OF DEATH

County Jackson Registration District No. 200 File No. _____
 Township Rant Primary Registration District No. 200 Registered No. _____
 City Kansas City (No. 3520 Michigan) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3520 Michigan 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos. J. Reaves</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Febr 20 - 1848</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>home mother</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>house</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
PARENTS	10. NAME OF FATHER <u>Martin Watts</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	12. MAIDEN NAME OF MOTHER <u>Margaret Waldwin</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1919

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1919, to Jan 25, 1919 that I last saw her alive on Jan 25, 1919, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforated gastric ulcer
1 1/2 hr
10 1/2 hr (duration) yrs. mos. ds. do not know

CONTRIBUTORY (SECONDARY) Shock from
thrombopul (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, Do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
Elmersey (Signed) _____ M.D.
1/26, 1919 (Address) 4122 No Island

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood C. DATE OF BURIAL 1/26, 1919.

20. UNDERTAKER Oylan Bros. ADDRESS 1401 Main

14. INFORMANT Thos. J. Reaves
 (Address) 3520 Michigan Ave.

15. FILED 1-27-19 Ada Thomas
 REGISTRAR DJP

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.

