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

Do not use this space.

16184

1. PLACE OF DEATH
County: St. Louis
Township:
City: Webster Groves (No. ..... St. ..... Ward)
Registration District No. 788
Primary Registration District No. 7871
File No.
Registered No. 39

2. FULL NAME: Percilla Watts
(a) Residence. No. Howard Pl. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
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): Dec 1862

7. AGE: Years: Abt 65 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John Watts
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Abbie Dorr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: Oscar Watts
(Address): 1110 N Leonard Ave.

15. FILED 5-23 1927 Arthur H. Wedemeyer
per Elsie Hensin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 21 1927

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1927, to ....., 19..., that I last saw him alive on May 21, 1927, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Choking
X2R
97 Fall 4 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. Willis, M. D.
5-23, 1927 (Address) Webster Groves

*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: Greenwood
DATE OF BURIAL: 5/24 1927

20. UNDERTAKER: C. W. Roberts
ADDRESS: 3025 Lacledes

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.

THIS CERTIFICATE WHEN FILED BECOMES A PERMANENT RECORD