

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

Do not use this space.

1927

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City (No. ....)

Registration District No. 417  
Primary Registration District No. 65642  
3021

File No. 27590  
Registered No. 118  
St. .... Ward)

**2. FULL NAME** Pansy Watson

(a) Residence. No. Jasper County Tuberc. Ward. Lower Hospital  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 12 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

17. I HEREBY CERTIFY, That I attended deceased from February 14, 1927, to September 12, 1927, that I last saw her alive on September 12, 1927, and that death occurred, on the date stated above, at 6:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16, 1904

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>23</u>	<u>X</u>	<u>27</u>	

Chronic pulmonary tuberculosis

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

CONTRIBUTORY (SECONDARY) unknown  
(duration) 2 yrs. 6 mos. 26 ds.

9. BIRTHPLACE (CITY OR TOWN) Putnam Co  
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED unknown  
IF NOT AT PLACE OF DEATH, .....

10. NAME OF FATHER H. J. Watson

(DID AN OPERATION PRECEDE DEATH? no DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) .....

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Maud Loushell

WHAT TEST CONFIRMED DIAGNOSIS? Physical and X-ray examination

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) .....

(Signed) Jarney Hazlett M. D.  
Superintendent of Tuberculosis Hospital  
October 12, 1927 (Address)

\*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.

14. INFORMANT H. J. Watson  
(Address) Powersville, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Powersville Mo  
DATE OF BURIAL 9/14 1927

15. FILED 9/13, 1927 R. M. Stormont  
REGISTRAR

20. UNDERTAKER Webb City Und. Co. Webb City Mo  
ADDRESS

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.

