

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

Do not use this space.

29815

1. PLACE OF DEATH

County Chariton
 Township Keyterville
 City Keyterville (No.)

Registration District No. 171
 Primary Registration District No. 5237

File No.
 Registered No. 29
 St. Ward

2. FULL NAME

Martha M Watson

(a) Residence No. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5a) If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry K Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 8 - 1862

7. AGE YEARS 65 MONTHS 8 DAYS 29 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chariton
 (STATE OR COUNTRY)

10. NAME OF FATHER J H Nicholas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) High Point
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ann M Howard

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

14. INFORMANT Elsie M Young
 (Address) Forest Green Mo

15. FILED 10/8 1927 Zetta Sneed
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1927, to Oct 7, 1927 that I last saw her alive on Oct 5, 1927, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
46 F
93 D

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Liver

unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH U.S.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ralph Williams, M.D.
10/8, 1927 (Address) Salsbury Mo

*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 Arbury Cemetery DATE OF BURIAL Oct 9 1927

20. UNDERTAKER Home Undertaking Co. ADDRESS Salsbury Mo

NO. 2-100
 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.

