FEB 20 1928

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

Do not use this space.

310

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 100 — Registered No. 40

City St. Joseph, (No. 902 Edmond St. Ward)

2. FULL NAME Ida Frances Watson,

(a) Residence. No. 902 Edmond Street, St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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 Jeremiah M. Watson,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	2	9	

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

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Jabob Kimberlin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) West Virginia.
12. MAIDEN NAME OF MOTHER Madaline Graham,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Knoxville,
(STATE OR COUNTRY) Iowa.

14. INFORMANT Jeremiah M. Watson
(Address) 902 Edmond Street.

15. FILED JAN 30 1928, 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Jan 28, 1928 that I last saw her alive on Jan 28, 1928, and that death occurred, on the date stated above, at 7:25 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) J R Elliott, M. D
Jan 30, 1928 (Address) 824 Edmond,

*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: Mount Auburn Cemetery — DATE OF BURIAL: Jan. 31st 1928

20. UNDERTAKER: Heaton-Belgole & Bowman by J. H. Keele. — ADDRESS: 319 S. 10 St. Funeral Home

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.

Dr J. P. Elliott