

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

Do not use this space.

MAR 17 1928

4388

1. PLACE OF DEATH

County C. Clinton
Township Shoal
City Shoal (No. St. Ward)

Registration District No. 204
Primary Registration District No. 5282

File No.
Registered No. 10

2. FULL NAME

Carrie B. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 E. S. Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 10

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) (STATE OR COUNTRY) Caldwell Co. Mo.

10. NAME OF FATHER John Divinia

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

12. MAIDEN NAME OF MOTHER Anna Robertson

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

14. INFORMANT (Address) C. E. Watson
Cameron Mo

15. FILED 7/18 1928 D. B. Riley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I ¹⁹²⁸ ~~certified~~ ^{certified} deceased from Mar 26 1928 to Feb 16 1928 that I last saw her alive on Feb 19 1928, and that death occurred, on the date stated above, at 7-10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Enteritis
25 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 99 (duration) yrs. mos. da.

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? (Signed) J. A. Franklin M. D. 2-17 1928 (Address) Cameron 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 Evergreen Cemetery DATE OF BURIAL Feb 18 1928

20. UNDERTAKER J. W. Poland ADDRESS Cameron

N. E.—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.

