

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

Do not use this space.

9689

**1. PLACE OF DEATH**

County Linn Registration District No. 500  
 Township Laclede Primary Registration District No. 2303  
 City Laclede (No. ....) St. .... Ward)

**2. FULL NAME**

Carolyn 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 76 yrs. 5 mos. 20 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm M Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 5 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laclede Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Robert Wilson

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

12. MAIDEN NAME OF MOTHER Elizabeth Ethelva

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

14. INFORMANT Frank Watson  
 (Address) Laclede Mo.

15. FILED 3/19 28 J. Wilson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/18 1928

17. I HEREBY CERTIFY That I attended deceased from March 18 1928 to March 18 1928  
 that I last saw her alive on March 18 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
apoplexy  
about 30 min.  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Chronic interstitial nephritis  
 (SECONDARY) Arteriosclerosis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290  
 IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
 (Signed) J. M. Jones M. D.  
3/19 1928 (Address) Laclede 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 Laclede Mo DATE OF BURIAL 3/20 1928

20. UNDERTAKER W & Thome ADDRESS Laclede

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.

1928

