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

Do not use this space.

37019

File No. 4664

Registered No. 4664

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Raw — Primary Registration District No.: 1002

City: Kansas (No. 2027 Bellview St. Ward)

2. FULL NAME: Theresa Watson

(a) Residence. No. 2027 Bellview St., 3 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: negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 3 1928

7. AGE: Years — Months — Days: 14 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Lee Watson

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mc Comb City
(STATE OR COUNTRY): Miss

12. MAIDEN NAME OF MOTHER: Elizabeth Kimpstead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tangipahoa
(STATE OR COUNTRY): La

14. INFORMANT: Lee Watson
(Address): 2027 Bellview

15. FILED: 11/20, 1928 M. M. Connell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1928, to Nov 17, 1928, that I last saw ... alive on Nov 17, 1928, and that death occurred, on the date stated above, at 7 — 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chelsea Infantum
Ill 10 d
1300 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): unknown
(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? None
(Signed) D. H. Miller, M. D.
(Address) 1504 E 18 - K.C. Mo.
11-17. 1928

*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: Blue Ridge Lawn — DATE OF BURIAL: 19 1928

20. UNDERTAKER: Julius A. K. Fiskin — ADDRESS: 1209 Vine

V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.