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

Do not use this space.

15557

1. PLACE OF DEATH
County Vernon — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. 1705 West 16th St. 4 Ward)
File No. — Registered No. 136

2. FULL NAME Necia Elaine Watson

(a) Residence. No. 1705 West 16th St. 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 21 - 1926

7. AGE: Years 3 | Months 0 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Robert Watson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Nevada
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Edith Ousy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Charles
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Robert Watson
(Address): Nevada Mo

15. FILED 4-9, 1929 — J. S. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-4, 1929, to 4-7, 1929, that I last saw h. alive on 4-7, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10 0 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) O. P. Dyer, M. D

4/8, 1929 (Address) Sedalia 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: Sedalia Mo — DATE OF BURIAL: 4/9 1929

20. UNDERTAKER: McTaughlin Bros — ADDRESS: Sedalia

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.