

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

Do not use this space.

3200

399

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. Loretto Academy)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. 24854  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sister Marcellian Wathin  
(a) Residence, No. Loretto Academy Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE wh 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) July 29, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 11 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Religious  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Henderson  
(STATE OR COUNTRY) Texas

10. NAME OF FATHER J.P. Wathin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Calhoun Howth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Carl Lee Lilly  
(Address) Dallas, Tex

15. FILED 7/29, 1929 M.M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mon 1 11 July 28, 1929, to July 28, 1929, that I last saw her alive on July 28, 1929, and that death occurred, on the date stated above, at 3:30 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Purpura of Small intestine - with mesenteric & retro peritoneal metastases

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Alcohol  
(duration) 40-6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 45  
AT PLACE OF DEATH 7

DID AN OPERATION PRECEDE DEATH? no DATE OF 4/1/28

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Address) M. J. Owens M.D. 1634 Loretto Bldg

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 Mt. St. Mary's DATE OF BURIAL July 30, 1929

20. UNDERTAKER J.H. Newcomer ADDRESS 1634 Loretto Bldg

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.

214

1034 Rialto Bldg.

Vic ... 2813.

2- 4:30