

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

5509

**1. PLACE OF DEATH**

County Osborne  
Towship Lebanon  
City Lebanon

Registration District No. 449  
Primary Registration District No. 4267

File No. \_\_\_\_\_  
Registered No. 1553  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary L. 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930, to Feb 20 1930, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 7:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 18-1850

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>79</u>	<u>11</u>	<u>22</u>	<u>22</u>	

Carcinoma Bladder

**8. OCCUPATION OF DECEASED**

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

CONTRIBUTORY (SECONDARY) \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bedford  
(STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Horace Watson

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) P. Thompson, M. D.

12. MAIDEN NAME OF MOTHER Loretta Pennington

, 19 (Address) Lebanon Mo

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

\*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.

14. INFORMANT Mrs. J. P. Hood  
(Address) Lebanon Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon Mo. DATE OF BURIAL 2-26 1930

15. FILED 2/25 30 J. M. Billings  
REGISTRAR

20. UNDERTAKER Panner ADDRESS Lebanon

MAR 27 1930

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