APR 23 1930

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

Do not use this space.

7989

1. PLACE OF DEATH

County Carroll — Registration District No. 134 — File No.

Township Ridge — Primary Registration District No. 5186 — Registered No. 10

City Bosworth, (No. ..... St. ..... Ward)

2. FULL NAME Margaret Emmaline Watt

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sol, Watt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, 17, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	6	1	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Frodrick Waughtal

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

12. MAIDEN NAME OF MOTHER Catherin Saughran

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

14. INFORMANT Sal. Watt
(Address) Bosworth Mo.

15. FILED Mar 19 1930 Mrs. Boss Brown REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR. 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1930 to Mar 18, 1930 that I last saw her alive on Mar 18, 1930 and that death occurred, on the date stated above, at 6.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia

82A

82II (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemorage Brain

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 7401

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. G. Boss Brown M. D.

, 19 (Address) Bosworth 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	DATE OF BURIAL
BIG. Crook Cemetery	3/19 1930
20. UNDERTAKER Louis Leigard	ADDRESS Bosworth Mo

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.

...THIS IS A PERMANENT RECORD

DEC. 6,1950

ORIGINAL

CERTIFICATE OF SERVICE

ARLINGTON

NORTHERN VIRGINIA

ADVERTISING

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$ 1

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DOT. NOTE

TOTAL