

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

Do not use this space.

11870

1. PLACE OF DEATH

County Baldwell
Township Gower
City (No.) St. Ward)

Registration District No. 96
Primary Registration District No. 5748

File No.
Registered No. 10 St. Ward)

2. FULL NAME

Abbie Maucis Hale 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Providence
(STATE OR COUNTRY) Rhode Island

10. NAME OF FATHER Wm H Cole

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

12. MAIDEN NAME OF MOTHER Lydia Grey

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

14. INFORMANT Vera Hargrove
(Address) Wetzelton Mo.

15. FILED 12 1930 Emley Bowen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 8 to Apr 11 1930, and that I last saw her alive on Apr 10, 1930, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1223
162 impacted bowels
and senility
(duration) yrs. mos. ds.

CONTRIBUTORY Age
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 119LD
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? NO DATE OF 4

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Dr. J. E. Leads M. D.
1192, 1930 (Address) Hamilton, 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 Highland Cemetery DATE OF BURIAL Apr 12 1930

20. UNDERTAKER John Houghton ADDRESS Wetzelton

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.

4/12 1930

