

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

Do not use this space.

26241

**PLACE OF DEATH**

County Cooper

Registration District No. 218

File No. 26241

Township Boonville

Primary Registration District No. 30.15

Registered No. 83

City Boonville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Mrs. Dalina 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF A.E. Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 10 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(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) Cuba, Ill.

10. NAME OF FATHER Jerome Mosher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Ill.

12. MAIDEN NAME OF MOTHER Thudelia Herbert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Ill.

14. INFORMANT A.E. Watson  
(Address) Boonville, Mo

15. FILED 8/5-1930  
Thamils  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from August 3 5 p.m. 1930, to Aug 3 5:20 p.m. 1930 that I last saw her alive on Aug 3 1930, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hypostatic Pneumonia  
600  
1115  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Paraplegia  
(duration) 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) W.H. Ziegler, M. D.  
, 19 (Address) Boonville, 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 Walnut Grove Cem. DATE OF BURIAL 8/5-1930

20. UNDERTAKER Goodman & Bolles ADDRESS Boonville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

SEP 25 1930

