

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Green
City (No.) St. Ward)

Registration District No. 628
Primary Registration District No. 1830

File No. 27449
Registered No. 130

2. FULL NAME Mary May. 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 G.W. Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>3</u>	<u>1</u>		

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) Nodway Co.
(STATE OR COUNTRY)

10. NAME OF FATHER John Smith

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

12. MAIDEN NAME OF MOTHER Barbra Bowman

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

14. INFORMANT Lula M. Ginnes
(Address) Quitman Mo.

15. FILED Sept 6 1930 J. Jones REGISTRAR
Sept 8 - 30 C. Pittman
m. es.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930, to Aug 23, 1930, that I last saw her alive on Aug 10 1930, 1930, and that death occurred, on the date stated above, at 10 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute starvation & acute melancholia
(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) attempted suicide by cutting throat July 11 1930
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

2. DID AN OPERATION PRECEDE DEATH? no DATE OF July 11 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Brain aut
(Signed) L. A. Pentz M. D.
, 19 (Address) Blauvelt, Iowa

*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 Waterloo Iowa DATE OF BURIAL Aug 26 1930

20. UNDERTAKER Price Lumber Co ADDRESS

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.

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SEP. 26 1930

