

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

Do not use this space.

14317

**1. PLACE OF DEATH**

County..... Registration District No. 535  
Township..... Primary Registration District No. 1035  
City Waines Mo (No. 3851) W. C. Chesham St. .... Ward)

File No. ....  
Registered No. 3653  
St. .... Ward)

**2. FULL NAME**

Ethel Watts  
(a) Residence, No. 3851 W. C. Chesham St. 19 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 22-1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Millinery 65</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1932

22. I, HEREBY CERTIFY, That I attended deceased from April 7<sup>th</sup> 1932 to April 12 1932  
I last saw her alive on April 12 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Typhoid fever

Date of onset  
4/7/32

Other contributory causes of importance: 3

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify

(Signed) Walter H. Dabson D.O.  
(Address) 706 Century Bldg

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>
	13. NAME <u>Chas Brenenstahl</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 2</u>
	15. MAIDEN NAME <u>Bella Darnaby</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>
	17. NAME (ADDRESS) <u>Wm Chas Brenenstahl Toledo Ohio</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wobesley Mo</u> DATE <u>April 15</u> 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>Chas Brenenstahl &amp; Co 157 17th St</u>	
20. FILED 19..... <u>Wm C. Stanley Registrar</u>	

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

