

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38963

1. PLACE OF DEATH

County Clinton
 Township Lathrop
 City _____ (No. _____) St. _____ Ward _____

Registration District No. 206
 Primary Registration District No. 5284

File No. _____
 Registered No. 23

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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 M. L. Bowman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) 2/2/8
 11. Total time (years) spent in this occupation 1932

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

13. NAME Abraham Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Wilhoit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caldwell Co. Mo.

17. INFORMANT W. O. Watson
 (ADDRESS) Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL Traced and gone
 PLACE Traced and gone DATE 12/20

19. UNDERTAKER J. W. Poland
 (ADDRESS) Cameron Mo.

20. FILED 12-22-1922 J. T. Ramsey
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1932 to 12-18 1932
 I last saw her alive on 12-18 1932 Death is said

to have occurred on the date stated above, at 8-15 p.m.
 The principal cause of death and related causes of importance were as follows:

Appendicitis
chronical obstruction
hypertension
12-18-32
12-16-32
11-12-32

Other contributory causes of importance 12-18-32 12-16-32 11-12-32

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

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? No
 If so, specify _____

(Signed) E. B. Driskison, M. D.

(Address) Lathrop Mo.

