

Examined for convenience on account of high water

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

Do not use this space.

12806

1. PLACE OF DEATH

County Crawford
Township Union
City Cook Station

Registration District No. 331
Primary Registration District No. 5315

File No.

Registered No.

St. Ward

2. FULL NAME

Margaret 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 3 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 Albert Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
72 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis

13. NAME Isaac Cannon

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

15. MAIDEN NAME Catherine Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Albert Watson
Cook Station

18. BURIAL, CREMATION, OR REMOVAL PLACE Watson Cem. DATE 4/17 19..

19. UNDERTAKER (ADDRESS) N. D. Holton
Salem Miss

20. FILED 4-29 1933 Ed. B. B. B. Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1931, to April 15 1933

I last saw her alive on April 9 1933 Death is said to have occurred on the date stated above, at 5-8 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Date of onset 1932
4/6/33
4/6/33

Other contributory causes of importance: Bill Staves Liver 1931

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?

If so, specify

(Signed) J. Y. Deesou M. D.

(Address) Salem Miss

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.

MAY 22 1933

22 22 22

