

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

Do not use this space.

16751
2218

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township West M. Primary Registration District No. _____
City St. Louis (No. General Hospital #2 St. 3rd Ward)

File No. _____
Registered No. _____

2. FULL NAME

Bertha Watton
(a) Residence, No. 529 Harrison 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Harry Watton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-3-1888</u>				
7. AGE	YEARS <u>44</u>	MONTHS <u>11</u>	DAYS <u>21</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>Housewife</u>			
	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) <u>Missouri</u>				
MOTHER	13. NAME <u>Edward Jones</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Uniontown</u>			
	15. MAIDEN NAME <u>Maude</u> (2)			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>			
17. INFORMANT <u>Recond Clerk</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis, Mo.</u> DATE <u>5-27-33</u>				
19. UNDERTAKER (ADDRESS) <u>Atkins Bros. 2000 2 1/2 St. KC. Mo.</u>				
20. FILED <u>May 27, 1933</u> <u>M. M. Brown</u> Registrar.				

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-19-33, to 5-24-33, 1933.
I last saw her alive on 5-24-33, 1933. Death is said to have occurred on the date stated above, at 1:00 A.M.
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease Date of onset _____
Sub-acute Parenchymatous Degeneration of Myocardium
and Kidneys.
Other contributory causes of importance: _____
1931
abc
950
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) A. O. Jones M. D.
(Address) General Hosp #2

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.

