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

Do not use this space.

23205

File No. 2911

Registered No.

1. PLACE OF DEATH
County Jackson
Township Raw
City R. C. Mo. (No. 1528 Virginia St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Eliza Watson
(a) Residence, No. 1528 Virginia 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1867
7. AGE YEARS 65 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Texas

FATHER
13. NAME Deceased
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Deceased
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Attending Phys.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Lawn DATE 7-14 1933
19. UNDERTAKER (ADDRESS) Doyle Bros. 1708 Kracy
20. FILED July 14 1933 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7- 1933
22. I HEREBY CERTIFY, That I attended deceased from 3-21- 1933 to July 7- 1933
I last saw her alive on 7-7 1933 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:
Hypertensive Heart Disease
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95B Nephritis Chronic
Date of onset
Other contributory causes of importance:
Decompensation
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Name of operation Clinical Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [illegible] M. D.
(Address) 1830 - Vine St.

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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