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.

JAN 3 1934

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

Do not use this space.

39352

1. PLACE OF DEATH

14 County Callaway — Registration District No. 102 — File No.

Township Jackson — Primary Registration District No. 3150 — Registered No. 322

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Eliza Jane Watts

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 94 yrs. 6 mos. 26 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas L. Watts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1839.

7. AGE: YEARS 94 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME T. B. Evans.

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.

MOTHER

15. MAIDEN NAME Unknown.

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) T. A. Watts Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hickory Grove DATE Dec. 4, 1933

19. UNDERTAKER (ADDRESS) Hughes Maupin Auxvasse Mo.

20. FILED 12/4, 1933 H. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933, to Dec 3, 1933

I last saw her alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 2 p.m.

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

Heart Failure 162

Date of onset

Other contributory causes of importance: Senility

Jood 200a

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. Nichols, M. D.

(Address) Auxvasse Mo