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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 4739
Township ~~Howell~~ — Primary Registration District No. 4227 — Registered No.
City West Plains, Mo. (No. , St. Ward)

2. FULL NAME Louise Ellen Watson.
(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 30 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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Watson.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1860.
7. AGE: 73 YEARS — MONTHS: 11 — DAYS: 14 — 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton Co., Ky.

FATHER
13. NAME: Bill Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

MOTHER
15. MAIDEN NAME: Virginia Palsgrove.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton Co., Ky.

17. INFORMANT (ADDRESS): Mr. Hatsell Graham, West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn DATE: Feb. 3, 1934
19. UNDERTAKER (ADDRESS): Hal Thornburgh, West Plains, Mo.
20. FILED: 2-3 1934 Vw Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1934, to Feb 2, 1934
I last saw her alive on Feb 1, 1934. Death is said to have occurred on the date stated above, at 4 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-25-34
92A	
93C	
10 7A	

Other contributory causes of importance:
Chronic mitral insufficiency
Chronic Degenerative Myocarditis

Name of operation Date of
What test confirmed diagnosis? Exam 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) E. Claude Bohrer, M. D.
(Address) West Plains, Mo.