

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Waverly
City Waverly (No. _____)

Registration District No. 1040
Primary Registration District No. 8276

File No. 9669A
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Alara Pearl Watson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barnett Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1st 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hand work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jerome
(STATE OR COUNTRY) Phelps County

10. NAME OF FATHER Ed Bryant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerome
(STATE OR COUNTRY) Phelps Co
12. MAIDEN NAME OF MOTHER Ida Nell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phelps
(STATE OR COUNTRY) County

14. INFORMANT Barnett Watson
(Address) Dixon Mo

15. FILED 5-15-34 C. W. Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1934

17. I HEREBY CERTIFY, That I attended deceased from Mar 2 1934 to Mar 2nd 1934
that I last saw her alive on Mar 2nd 1934 and that death occurred, on the date stated above, at 5:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

tuberculosis of lungs
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED St Louis Mo
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Dr Vernon Mo
(Signed) A. J. Lehenworth M. D.
, 19 _____ (Address) Wagon Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dixon Mo DATE OF BURIAL 3/27 1934

20. UNDERTAKER Fred W. Gilbert ADDRESS Wagon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT attempt to state EXACTLY. PHYSICIANS should state

JUN 23 1934

