

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH
 County St. Louis Registration District No. 789 File No. 10324
 Township Central Primary Registration District No. _____ Registered No. 53
 City _____ (No. Midland Hospital) St. _____ Ward _____

2. FULL NAME Mrs. Ruth Watts 7104 Page 1
 (a) Residence. No. 1230 Hampton Ave. St. Ward _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 38 yrs. 10 mos. 8 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>White</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>Worcester K. Watts</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 23, 1895</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>10</u>	DAY <u>8</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>				
PARENTS	10. NAME OF FATHER <u>Geo. W. Smith</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Alice Halbert</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>			
14. INFORMANT (Address) <u>St. J. Roy Compton 7104 Page Bl.</u>				
15. FILED <u>3-5-94</u> <u>W. Bachner</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3, 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1933, to Mar. 3, 1934 that I last saw him alive on Mar. 3, 1934, death occurred, on the date stated above, at 558 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
 (Signed) St. J. Roy Compton, M. D.
3/3, 1934 (Address) 7104 Page

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Lake Charles Cemetery DATE OF BURIAL 3/6 1934

20. UNDERTAKER
Sharkey 4355 Washington
Bl.

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.

