

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

Do not use this space.

1. PLACE OF DEATH

County Ray Co. Registration District No. 915 File No. 17820
 Township Ray Primary Registration District No. 6236 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Keota Watson

(a) Residence, No. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX R. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 26

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 Life

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

FATHER
 13. NAME Harrison Row

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co

MOTHER
 15. MAIDEN NAME Eliza Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

17. INFORMANT (ADDRESS) M. Watson

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. DATE 5-25 1934

19. UNDERTAKER (ADDRESS) Alsbaugh & Cowley
Polo Mo

20. FILED May 25 1934 Virginia Shoemaker Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to May 23, 1934
 I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:

1. Perniciosa Anemia
Combined Sclerosis of Spinal Cord
Bronchopneumonia (Terminal)
 Date of onset years ago
years ago

Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. E. Goldberg, M. D.
 (Address) Polo, Mo

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.

JUN 26 1934

