

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 9 1935

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

Do not use this space.

43967

437

1. PLACE OF DEATH

County **PETTIS**

Registration District No. **668**

Township **SEDALIA**

Primary Registration District No. **3032**

City **SEDALIA**

(No. **512 N PROSPECT**)

File No.

Registered No. **668**

St. Ward

2. FULL NAME **LOUISE MAE WATSON**

(a) Residence, No. **512 N PROS.**

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

JAMES

WATSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

JUNE 15 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

39

6

10

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)

MO.

MOTHER FATHER

13. NAME

C.O. STARKEY

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

OHIO

15. MAIDEN NAME

IDA DRESSLER

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

WIS.

17. INFORMANT (ADDRESS)

**JAMES WATSON
SEDALIA MO.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **CROWN HILL**

DATE **DEC. 27 1934**

19. UNDERTAKER (ADDRESS)

**GILLESPIE FUNERAL HOME
SEDALIA MO.**

20. FILED

Dec 28 1934 Jean Slack

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC. 25/34** . 19

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 28 1934 to Dec. 25 1934**

I last saw him alive on **Dec. 25 1934** Death is said to have occurred on the date stated above, at **4:30 pm.**

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

Date of onset

Pneumonia
(Acute) (Military)
Aug. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? **Physical** 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) **James B. Watson**, M. D.

(Address) **Sedalia, Mo.**

