

JAN 20 1936

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

Do not use this space.

40626

1. PLACE OF DEATH

County Pike
Township Cross
City (No)

Registration District No. 684
Primary Registration District No. 5912

File No.
Registered No. 39
St. Ward)

2. FULL NAME

Mary Bell Watson

(a) Residence, No. St., Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben Watson (Died)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30-1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1915, to Dec-22, 1935
I last saw h^e alive on 12-22, 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	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

apoplexy (cerebral)

Other contributory causes of importance
Ch. Inst. Myocardia

Date of onset
5 yrs

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisiana Mo</u>
	13. NAME <u>Paul Wilmerck</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Louisa Alberts</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Emmett Walsh Vera Mo</u>

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Home</u> DATE <u>Dec 24</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>H. B. E. Moore Burial Home 9110</u>
20. FILED <u>1-10</u> 19 <u>36</u> <u>W. J. Drummond</u> Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) W. J. Drummond, M. D.
(Address) Burial Home 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.

