

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

Do not use this space.

13

1. PLACE OF DEATH, FEB 17 1936
 County Adair Registration District No. 4
 Townshp. _____ Primary Registration District No. 3001
 City Kirksville (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Ada E. Watson
 (a) Residence, No. 903 East Harrison 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.

File No. _____
 Registered No. 10
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|---|---|---|--|
| 3. SEX <u>F.</u> | 4. COLOR OR RACE <u>W.</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>George Watson</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-21-1873</u> | | | | |
| 7. AGE | YEARS <u>62</u> | MONTHS <u>10</u> | DAYS <u>21</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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 | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | | |
| FATHER | 13. NAME <u>James True</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary E. Shubley</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> | | | |
| 17. INFORMANT <u>Mrs. Avis Ferguson</u> (ADDRESS) <u>903 E. Harrison St. Kirksville Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>1-14-1936</u> | | | | |
| 19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Kirksville Mo</u> | | | | |
| 20. FILED <u>Jan 17 1936</u> <u>Spencer Suleman</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1929 to Jan 12 1936
 I last saw him alive on Jan 12th 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes, mellitus Date of onset _____

Other contributory causes of importance:
Gangrenous foot and General Sepsisemia

Name of operation _____ Date _____
 What test confirmed diagnosis? Clinical and lab. 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 it 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? _____
 If so, specify _____
 (Signed) Geo. F. Sward, M. D.
 (Address) Kirksville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

