

APR 23 1936

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

Do not use this space.

10770

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3629 Askew) St. 31st Ward)

2. FULL NAME Alice Stevens Watson

(a) Residence, No. 3629 Askew St. _____ Ward. _____
(Usual place of abode)
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.
(If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel W. Watson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 30, 1850</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>14</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>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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME No information14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information15. MAIDEN NAME No information16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information17. INFORMANT Bruse Watson
(ADDRESS) 3629 Askew18. BURIAL PLACE Peabody, Kansas
DATE March 17, 193619. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza20. FILED 3-17 1936 M. M. Crowl, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1936 to March 14, 1936
I last saw her alive on March 14, 1936 Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

bronchial pneumonia Mar 9-14
1/a

Other contributory causes of importance:

Influenza Mar 2-36

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 _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Arthur L. Henson, M.D.(Address) 3400 East 31K.C. 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.

Rolls of paper
with 12 specimens a