rwell

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.

MAY 18 1936

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

Do not use this space.

14285

1. PLACE OF DEATH
County Butler
Township St Francsis
City
Registration District No. 920
Primary Registration District No. 5133
(No. Butler County, Mo. St. Ward)
File No.
Registered No. 5

2. FULL NAME Mable Ann Watson
(a) Residence, No. 10 Mile N?E, Poplar Bluff, Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1910.

7. AGE 26 YEARS 26 MONTHS 1 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

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) White Oak Missouri

FATHER
13. NAME Henry Hembree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charlie Watson Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Hill Cem
PLACE Poplar Bluff Mo DATE 4/28/36, 19

19. UNDERTAKER (ADDRESS) Frank Und Co. Poplar Bluff, Mo.

20. FILED May 6, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936 to April 27, 1936
I last saw her alive on March 27, 1936 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:

	Date of onset
Myocarditis, chronic	?
with acute decompensation	

Other contributory causes of importance:

Pregnancy	5 mo.
Nephritis, chronic	?
Hypertension, arterial	?

Name of operation Date of
What test confirmed diagnosis? Clinical 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. Lester Harwell, M. D.
(Address) Poplar Bluff, Mo.