

350 29 1936

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

Do not use this space.

31019

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township W. Can Primary Registration District No. 1002
City Wagon Mound (No. 12) Wagon Mound St. _____ Ward _____

File No. _____
Registered No. 3975
St. _____ Ward _____

2. FULL NAME

Effie Watts
(a) Residence, No. 3801 1/2 Euclid Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23/1870</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>7</u>
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>W. W.</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>Mo.</u>		
FATHER	13. NAME <u>James Sawyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Molly Titworth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Beard Clark</u> (ADDRESS) <u>Wagon Mound</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Trenton Mo.</u> DATE <u>8/17</u> 19 <u>36</u>		
19. UNDERTAKER <u>Paul H. Thi</u> (ADDRESS)		
20. FILED <u>8/17</u> 19 <u>36</u> <u>M. M. Browne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1936 to 8-14 1936
Last saw him alive on 8-14 1936 Death is said to have occurred on the date stated above, at 10:30 PM
The principal cause of death and related causes of importance were as follows:
Brain abscess; meningitis menepidemic
Date of onset _____

Other contributory causes of importance:
None

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

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? _____
If so, specify _____

(Signed) W. M. C. C. C. C. C. M. D.
(Address) Wagon Mound

WRITE CLEARLY, 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.

