

MAR 18 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County HunklinRegistration District No. 287File No. 5775

Township

Primary Registration District No. 5173Registered No. 9City Malden

(No. ....)

St. ....

Ward) ....

2. FULL NAME Miss Nancy Jane Watson

(a) Residence, No. ....

St. ....

Ward. ....

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 17 - 1880

7. AGE

YEARS 87MONTHS 2DAYS 23

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

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)

Obion Co, Tenn

FATHER

13. NAME

A. S. Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Obion Co, Tenn

MOTHER

15. MAIDEN NAME

Sarah Jane Mead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Park Co, Ind.

17. INFORMANT (ADDRESS)

Frank Watson mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Malden Mo.DATE 2-11-

1937

19. UNDERTAKER (ADDRESS)

H. R. Craig

20. FILED

2-10

1937

S. Michie

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 3, 1937 to Feb 10, 1937I last saw her alive on Feb 3, 1937. Death is saidto have occurred on the date stated above, at 1 P. m.

The principal cause of death, and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance

High blood pressure

Name of operation

None

Date of

What test confirmed diagnosis?

RayWas there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury .....Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Engel's Cataplexy

(Signed)

Malden

(Address)

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.

