

DEC 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County *Marion*Registration District No. *547*Township *Marion*Primary Registration District No. *3029*City *St. Elizabeth*(No. *St. Elizabeth Hospital*)File No. *41865*Registered No. *346*

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. *714 Bird* 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Lena*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 6, 1866*7. AGE YEARS *71* MONTHS *4* DAYS *16* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Steam shovel*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Eng.*

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) *Roll county Mo*13. NAME *John Watson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*15. MAIDEN NAME *Alice Murphy*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT (ADDRESS) *Mrs. Lena Watson 714 Bird St. St. Elizabeth Mo*18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys Cem* DATE *Nov 24 1937*19. UNDERTAKER (ADDRESS) *St. Marys Cem*20. FILED *Nov 22 1937* *H. C. Fisher* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 23 - 1937*22. I HEREBY CERTIFY, That I attended deceased from *Nov 19*, 19*37*, to *Nov 21*, 19*37*.I last saw him alive on *Nov 21*, 19*37*. Death is saidto have occurred on the date stated above, at *5:20* a.m.

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

*Coronary Thrombosis*Date of onset *11-21-37*Other contributory causes of importance *Enlarged Gall Bladder* ?Name of operation *none* Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ 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) *H. C. Fisher* M. D.(Address) *St. Elizabeth 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.

