

REC'D APR 23 1938

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

12384
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 875
(b) Township Washington Primary Registration District No. 6147 Registered No. 80
(c) City Nevada, Mo (d) Street No. State Hosp # 3 Nevada
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 5 yrs. 11 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A Watson

(a) Residence, No. Sedalia, Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 David W. Watson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-25-1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Uniontown

FATHER 13. NAME Peter Latsch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER 15. MAIDEN NAME Sarah Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) State Hosp # 3, Records Nevada, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia, Mo DATE Mar 24 193819. FUNERAL DIRECTOR (ADDRESS) Gibbins Funeral Nevada, Mo20. FILED Mar 24, 1938 Allen T. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to March 23, 1938
I last saw her alive on March 23, 1938. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

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

Broncho-pneumonia 1938+
arteriosclerosis 1932+

Other contributory causes of importance:

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? no 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) A. G. Miller, M. D.(Address) State Hospital # 3 Nevada, Mo

STATEMENT BY LICENSED EMBALMER

I, Marsh Eichinger, Licensed Embalmer No. 2656

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Marsh Eichinger

Licensed Embalmer No. 2656

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)