

REC'D MAY 9 1938

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

Do not use this space.

13792

1. PLACE OF DEATH **Jackson**
County..... Registration District No. **399**
Township **Kaw**..... Primary Registration District No. **1002**
City **Kansas City** (No. **St Marys Hospital**)..... St. **4** Ward

2. FULL NAME **Mary Archer Watts** **82.0**
(a) Residence, No. **638 North Walker** St.,..... Ward. **Olathe Kansas**
(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.

File No. **1772**
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edward Watts** **1839**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 20 1839**

7. AGE YEARS **98** MONTHS **10** DAYS **5** If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home-Retired**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY) **U.**

FATHER 13. NAME **Mr Tye** **U.**

14. BIRTHPLACE (CITY OR TOWN) **England** (STATE OR COUNTRY) **U.**

MOTHER 15. MAIDEN NAME **Miss Hawkins**

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

17. INFORMANT **George S Watts** (ADDRESS) **Olathe Kas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Olathe Kas** DATE **April 27 1938**

19. UNDERTAKER **H.E. Julien** Olathe Kansas (ADDRESS)

20. FILED **Apr 26 1938 M. M. Cronin** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/25/38** 19.....

22. I HEREBY CERTIFY, That I attended deceased from **Archer**....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, a..... m.

The principal cause of death and related causes of importance were as follows:
Fracture left femur
Bronchopneumonia
Date of onset **10/10/35**

Other contributory causes of importance:
W

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy.....

23. If death was due to external causes (violence), fill in as follows: Accident, suicide, or homicide..... Date of injury..... 19.....
Where did injury occur? **Olathe Kas** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **Kill at home**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) **A. H. B. B.**....., M. D.
(Address) **Olathe**

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.

