

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.

REC'D JUN 23 1938

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

Do not use this space.

19209

1. PLACE OF DEATH

County Phelps
Township Rolla Hospital
City Rolla, Mo. (No. 1)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 82 Ward _____

2. FULL NAME Rachel Watson

(a) Residence, No. Vessie, Mo. 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED, WAS MARRIED (COPY WHEN 05) James Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9

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

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) May 1, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Missouri

13. NAME Anna Mookes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co. Missouri

15. MAIDEN NAME Elizabeth Howard

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

17. INFORMANT (ADDRESS) James Mookes Vessie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Zion DATE June 2 1938

19. UNDERTAKER (ADDRESS) Mill & Son Roper, Missouri

20. FILED June 2 1938 Joe F. Ayler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from May 14 1938 to May 31 1938

I last saw her alive on May 31 1938 Death is said

to have occurred on the date stated above, at 4:20 p.m.

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

Metritis Bilateral
Passalpiex following
glonorrhoea
3 1/2

Other contributory causes of importance: _____

Name of operation Diluge Date of May 10, 1938

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

Signature Ray McFarland M. D.
Address Rolla Mo

