

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township Clayton Primary Registration District No. 101
City Clayton (No. St. Louis County Hospital)

File No. 36754
Registered No. 1714
St. _____ Ward _____

2. FULL NAME Sarah Watson
(a) Residence, No. 7749 Bonhomme, Clayton, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1859
7. AGE YEARS 80 MONTHS 0 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil.
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.

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

12. BIRTHPLACE (CITY OR TOWN) Manchester (STATE OR COUNTRY) Mo.

13. NAME Anthony Gollsway

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

15. MAIDEN NAME Jane Smith

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

17. INFORMANT Nannie Stewart, niece (ADDRESS) Wellington & Bell Webster

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 10-23 1938

19. UNDERTAKER J. C. Lewis undertaking Co. (ADDRESS) 117 Euclid Webster, Mo.

20. FILED I. R. May, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20/38

22. I HEREBY CERTIFY, That I attended deceased from 10/17/38 to 10/20/38
I last saw her alive on 10/20/38 Death is said to have occurred on the date stated above, at 9.10A.M.

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

Carcinoma of uterus
Arteriosclerotic heart disease

Other contributory causes of importance: 40 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) a a Brewer, M. D.
(Address) Co. Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

