REC'D DEC 13 1938

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

Do not use this space.

File No. 38593

Registered No.

1. PLACE OF DEATH

County BUCHANAN 2 Registration District No. 84

Township RUSH Primary Registration District No. 40551

City RUSHVILLE (No. ..... St. ..... Ward)

11 of 1

2. FULL NAME Hattie WATSON 325 Hattie Watson

(a) Residence, No. RUSHVILLE St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAMES MARSHALL WATSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 20, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	3	21	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSHVILLE MISSOURI 0

FATHER

13. NAME ALEXANDER ANDERSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENN. 1

MOTHER

15. MAIDEN NAME ELSIE MCELFRESH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RUSHVILLE MISSOURI 0

17. INFORMANT (ADDRESS) MRS. U. D. GARDNER ATCHISON, KANSAS

18. BURIAL, CREMATION, OR REMOVAL

PLACE ARMSTRONG CEMETERY DATE 11-13 1938

19. UNDERTAKER (ADDRESS) Wm S Stanton ATCHISON, KANSAS

20. FILED 11-12 1938 L. N. Kinsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9th, 1938, to Nov 10, 1938

I last saw her alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
Lobar Pneumonia	Nov 5 1938

Other contributory causes of importance: 10

Name of operation — Date of —

What test confirmed diagnosis? Usual test 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) E. B. McAdow, M. D.

84 (Address) Dr Kalb 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.

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