

REC'D MAR 20 1939

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

7092
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 497
(b) Township North Salem Primary Registration District No. 5672
(c) City..... (d) Street No..... Registered No. 5
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frances Watson

(a) Residence, No. 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Drury Watson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 10 9

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) No.FATHER 13. NAME Wm Allegor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No.MOTHER 15. MAIDEN NAME Rachel Bobbitt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Run17. INFORMANT (ADDRESS) Laverne M. Watson
North Salem Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Garner Co. DATE 2-10 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Glenn E. Kent & Son
Green City, Mo.20. FILED Feb. 28 1939 Mrs. E. Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 193922. I HEREBY CERTIFY, That I attended deceased from 1/21 1939, to 2/10 1939.I last saw her alive on 1/21 1939. Death is said to have occurred on the date stated above, at 6 P. m.

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

Lobar Pneumonia

Date of onset

50

Other contributory causes of importance:

Carcinoma of Breast5 yrs. duration

Name of operation..... 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?..... 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) M. G. Bryan M. D.(Address) Bucklin, Mo.

RECEIVED

District Health Officer No. 10

District File Number (0-39-321)

Date Filed MAR 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.