REC'D MAR 23 1939

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

7678
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township St. Francois
(c) City Farmington
Registration District No. 773
Primary Registration District No. 4464
Registered No. 20
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 326 Sarah Caroline Watts
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Jason Lee Watts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10/14/1855
7. AGE: 83 YEARS; MONTHS: 4; DAYS: 1; If LESS than 1 day, ... hrs. or ..... min.

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): Clinton County Ill.

FATHER
13. NAME: John Garritson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Eleanor Jane Cree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Bertha Lee Watts, Farmington, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkview cem. DATE Feb. 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Farmington Und. Co, Farmington, Missouri
20. FILED Feb 17, 1939 B. J. Robinson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 15, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Feb. 15, 1939.
I last saw her alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension + Arterial Sclerosis	1928
97	
Other contributory causes of importance: Cerebral Arterial Sclerosis	1935.

Name of operation: None. 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? .....
If so, specify .....
(Signed) G. L. Watkins, M. D.
(Address) Farmington Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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, C. Hugo Cozean, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed C. Hugo Cozean

Licensed Embalmer No. 4084

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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