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.

FILED MAY 23 1940

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

Do not use this space.

14723

1. PLACE OF DEATH

27 County Cooper — Registration District No. 22 — File No.

Township Lebanon 2 — Primary Registration District No. 5300 — Registered No.

City Rural (No. ..... St. ..... Ward)

365

2. FULL NAME Elizabeth Ann Watring

(a) Residence, No. Bunceton, Mo R.F.D. #2 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. 0 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Martin Watring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	11	12	

OCCUPATION

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moatsville W. Virginia

FATHER

13. NAME J. T. Bryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

MOTHER

15. MAIDEN NAME Sarah Coffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

17. INFORMANT (ADDRESS) Jack Watring Bunceton, Mo R.R. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethlehem Cemetery DATE 2-6 1940

19. UNDERTAKER (ADDRESS) Parker Funeral Service Otterville, Mo.

20. FILED 5/10 1940 Robt L Foyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1940, to 2-3-40, 1940

I last saw her alive on 2-1-, 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: 93 C

Name of operation Symptoms 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) [signature] M. D.

199 (Address) Smithton Mo