APR 28 1937

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

Do not use this space.

File No. 13796

Registered No. 2

1. PLACE OF DEATH
County Shannon
Township Bartlett
City Birch Tree (No. ..... St. ..... Ward)

Registration District No. 822
Primary Registration District No. 4497

2. FULL NAME Tobitha Ann Watson
(a) Residence, No. ..... (Usual place of abode) Birch Tree Mo St., ... Ward.
(If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Samuel H Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1846

7. AGE: YEARS 90 | MONTHS 11 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Missouri

FATHER
13. NAME Hull House
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Millie Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Malinda Moore Thomasville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill DATE 2/10 19 37

19. UNDERTAKER (ADDRESS) John Duncan Mt Vale Mo

20. FILED 2/10 19 37 R. L. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 19 36 to Feb 9 19 37
I last saw h[illegible] alive on Feb 9 19 37. Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	11/2436

Other contributory causes of importance: 98

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

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) R. L. Davis, M. D.
(Address) Birch Tree Mo

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.