

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

Do not use this space.

4545

1. PLACE OF DEATH

County..... Registration District No. *1202*
 Township..... Primary Registration District No.
 City *St. Louis* (No. *4454*) *Page Ave* St. _____ Ward)

File No. *1200*

Registered No. _____

2. FULL NAME

(a) Residence. No. *4454 Page Ave* St. _____ Ward. _____
 (Usual place of abode) (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ray Watson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 26 1869*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|-----------|------|--|
| <i>59</i> | <i>4</i> | <i>27</i> | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

PARENTS

10. NAME OF FATHER *Unknown Letters*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Ray Watson*
 (Address) *4454 Page Ave*

15. FILED *JAN 25 1929* *Wm C Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 28 1929*

17. I HEREBY CERTIFY That I attended deceased from *Oct 1* 19 *28* to *Jan 23* 19 *29*.
 that I last saw him alive on *Jan 21* 19 *29*, and that death occurred, on the date stated above, at *4:45* a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast and lung
50 (duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Senility* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Acadia Mo*
 NOT AT PLACE OF DEATH? *yes* DATE OF *Mar 7-1928*

DID AN OPERATION PRECEDE DEATH? *no* WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Findings*
 (Signed) *A. Maxwell W. Wess* M. D.
 (Address) *10054 Melroseland*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Park Lawn* DATE OF BURIAL *Jan 28 1929*

20. UNDERTAKER *O.R. Lupton* ADDRESS *4449 Olive St*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

23

1

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31

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.

Dr. Hess

1005^a McCausland

2 P.M.