

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

Do not use this space.

246

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 89  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elizabeth Watson,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Cameron, Missouri,  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED ( <i>write the word</i> ) <u>Married,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. S. Watson,</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 14, 1881</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>	DAYS <u>6</u>	If LESS than 1. day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home,</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				
9. BIRTHPLACE (CITY OR TOWN) <u>Easton,</u> (STATE OR COUNTRY) <u>Missouri,</u>				
10. NAME OF FATHER <u>George Lisle,</u>				
PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Easton,</u> (STATE OR COUNTRY) <u>Missouri,</u>			
	12. MAIDEN NAME OF MOTHER <u>Johanna Frick,</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Easton,</u> (STATE OR COUNTRY) <u>Missouri,</u>			

14. INFORMANT Emmett J. Grouse  
922 Ashland Court,

15. FILED 21 1930 Ed. G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 20, 1930  
17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Jan 20, 1930  
that I last saw him alive on Jan 20, 1930, and that death occurred, on the date stated above, at 11:26 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute appendicitis & abscess  
chronic salpingitis  
abscess of ovary (Lyon's)  
(duration) \_\_\_\_\_ yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) General peritonitis  
(duration) 139 F yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH Cameron, Mo  
DATE OF Jan 16, 30

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? operation  
(Signed) J. G. Thompson M. D.  
1/21, 1930 (Address) 825 Charles St. St. Joseph, Mo.

\*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 <u>Blakeley Cemetery</u>	DATE OF BURIAL <u>Jan. 22, 1930</u>
20. UNDERTAKER <u>Heaton, Begall &amp; Bowne</u>	ADDRESS <u>319 S. 10 St.</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
MAINTAIN RESERVED FOR BINDING  
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.

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*Delayed Hours*

Le Goussier 9<sup>th</sup> 1870