

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

Do not use this space.

22021

1. PLACE OF DEATH

County Asun

Registration District No. 498

Township Ruehler

Primary Registration District No. 4201

City Ruehler (No. _____)

File No. 8

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Rhoda Mathilde Watson

(a) Residence, No. _____ 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 17 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 Wm Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 1842

7. AGE YEARS 89 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Mason Co Mo

FATHER 13. NAME Joseph Milcup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doubt Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. John Burnett
(ADDRESS) Marshall Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cash Creek DATE June 12 1931

19. UNDERTAKER Gas M. Jaughlin
(ADDRESS) Marshall Ave

20. FILED Jul 31 1931 Registrar J. Burnett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1931

22. I HEREBY CERTIFY That I attended deceased from Apr 15 1931 to June 11 1931

I last saw him alive on June 10 1931. Death is said to have occurred on the date stated above, at 2:09 a.m.

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

Cerebral Apoplexy second attack due to endarteritis

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Other contributory causes of importance: 92A 92B 82A

0 Name of operation None Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) J. Burnett, M. D.
(Address) Marshall Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 28 1931

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