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

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.

JAN 20 1932

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

Do not use this space.

40452

1. PLACE OF DEATH
County: CLINTON
Registration District No.: 206
File No.:
Township:
Primary Registration District No.: 4124
Registered No.: 28
City: LATHROP (No. ..., ... St. ..... Ward)

2. FULL NAME: MARY ELIZA WATT
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of James Watt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 9. 1859
7. AGE: YEARS 72 | MONTHS 9 | DAYS 21 | 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.: RETIRED
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): CLINTON COUNTY, MISSOURI

FATHER
13. NAME: ELIJAH W. SHREWSBURY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER
15. MAIDEN NAME: MARY E DITMARS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CLINTON COUNTY MISSOURI

17. INFORMANT (ADDRESS): Roy Watt, 1023 E 23rd. North Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: LATHROP DATE: 12/31, 1931
19. UNDERTAKER (ADDRESS): DeMOSS CRUNK, LATHROP, MO
20. FILED: 12-31-1931 J. T. Kinsey, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 30, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 - 1931, to Dec 30 - 1931
I last saw her alive on Dec 29 - 1931. Death is said to have occurred on the date stated above, at 1201 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mania	12-19-31

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify: No
(Signed) E. B. Dunkeson, M. D.
(Address) Lathrop Mo.