

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1933

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

Do not use this space.  
40707-A

1. PLACE OF DEATH  
 County Madison Registration District No. 538  
 Township Missouri North Primary Registration District No. 6230  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Unmarried  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

13. NAME Noel Watts

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Myrtle Searfiff

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ballinger Co. Mo

17. INFORMANT (ADDRESS) Mr. Searfiff

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Missouri DATE 12/6 - 1932

19. UNDERTAKER (ADDRESS) none

20. FILED 80 1933 S. C. S. Craythorn  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1933, to Dec 5, 1933  
 I last saw him alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
10/7/33

Name of operation none 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) M. B. Barber, M. D.  
 (Address) Fredericktown Mo

By A. A. Schwaner

