O. R. Rooks Trenton

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

Do not use this space.

File No. 16459

Registered No.

1. PLACE OF DEATH

County: Grundy — Registration District No.: 2502

Township: Jefferson — Primary Registration District No.: 4152

City: Trenton (No. 5-1-41 St. Ward)

2. FULL NAME: Pearl Kertz Watts

(a) Residence, No. 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: Fem. — 4. COLOR OR RACE: W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mark Watts

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

7. AGE: Years 49 — Months 9 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Freeport Ill. Stevenson

FATHER

13. NAME: Thomas Sawyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pensylvania

MOTHER

15. MAIDEN NAME: Jernia Keith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spickard Mo.

17. INFORMANT (ADDRESS): Mark Watts Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch DATE: June 1, 1934

19. UNDERTAKER (ADDRESS): L. L. Roberson Jamesport Mo.

20. FILED: June 1, 1934 Nellie Wilks, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-31-1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 31, 1934

I last saw h. alive on May 1, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Carcinoma of Uterus	About 7-1-33
48	

Other contributory causes of importance: None

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify:

(Signed) O. R. Rooks, M. D.
(Address) Trenton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly coded. Exact statement is necessary in order to secure approval of this important data.

JUN 21 1934

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Grundy — Registration District No. 328 — File No.
Township Jefferson — Primary Registration District No. 5461 — Registered No.
City (No. , St. Ward)

2. FULL NAME Pearl Kertz Watts
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark Watts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1884
7. AGE YEARS 49 MONTHS 9 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Freeport Ills Stevenson

FATHER
13. NAME Thomas Fawver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pensylvania

MOTHER
15. MAIDEN NAME Jermie Heath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spickard Mo

17. INFORMANT (ADDRESS) Mark Watts Trenton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE June 1, 1934
19. UNDERTAKER (ADDRESS) O. B. Roberson James Port
20. FILED 6-1 1934 Irene D Faw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to May 31, 1934
I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 7:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	abt 7/1/33

Other contributory causes of importance:
None

Name of operation Date of
What test confirmed diagnosis? Clin 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
(Signed) O. R. Rooks, M. D.
(Address) Trenton Mo

SUPPLEMENTARY

S-16459