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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 19136
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Mrs Gertrude Watson
(a) Residence, No. 3339 Michigan St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1875
7. AGE: 62 YEARS, 2 MONTHS, 10 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri

FATHER
13. NAME A. T. Lowry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Lucina Veeber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Walter Graves, Omaha, Nebraska
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE May 24, 1937
19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel, Kansas City Missouri
20. FILED May 23, 1937 M. M. Crowe, asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 37

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 22, 1937
I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 5:10 m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 5-10-37

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Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys exam 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) G. C. McCormick, M. D.
(Address) Kans City, Mo

1127 Troost Ave
1- 5 P.M