DEC'D MAR 13 1939

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

5988
Do not use this space.

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7

1. PLACE OF DEATH

(a) County Buchanan 1 Registration District No. 85

(b) Township 1 Primary Registration District No. 1001 Registered No. 199

(c) City St. Joseph (d) Street No. Mercy Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

325

2. PRINT FULL NAME Helen Lucielle Watson

(a) Residence, No. Mertland Apts., St. Joseph St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold M. Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 23, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	0	4	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Orleans, Nebraska 1

FATHER

13. NAME Unknown Lorimer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Scotland 1

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Harold M. Watson
(ADDRESS) Mertland Apts. St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE March 1 1939

19. FUNERAL DIRECTOR Walter Meierhoffer
(ADDRESS) 1302 Faraon St., St. Joseph

20. FILED March 1 1939 H. J. Nestlebush
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1939, to Feb. 27, 1939

I last saw her alive on Feb. 27, 1939 Death is said to have occurred on the date stated above, at 6:35 p.m.

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

	Date of onset
Non-epidemic cerebrospinal meningitis (pneumococci)	Feb. 24 1939

Other contributory causes of importance: 79 W

Name of operation None Date of

What test confirmed diagnosis? Lab. 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) A. Henry Lenz, M. D.

(Address) 823 Faraon St., St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)