

APR 11 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10153  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 25  
 (b) Township Washington Primary Registration District No. 1001 Registered No. 311  
 (c) City St. Joseph (d) Street No. Mo Methodist Hospital St.  
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maude Watts

(a) Residence, No. 41st & Pacific St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert A. Watts  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 4 6

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) Trimble, Mo.

FATHER 13. NAME James Troman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Elliott

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

17. INFORMANT (ADDRESS) Mrs Berenice Vannatta  
2140 South 22nd

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE March 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie Tumera  
213 South 10th Home

20. FILED MAY 24 1939 A. J. Nestlebrook  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 23, 1939  
 I last saw her alive on March 23, 1939 Death is said to have occurred on the date stated above, at 7:30 A. M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism  
Operative Appendicitis  
Abdominal

Other contributory causes of importance: 121

Name of operating physician Abundio Berenice Date of 3-20-39  
 What test confirmed diagnosis in autopsy Was there an autopsy? yes

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. E. Berenice M. D.  
 (Address) 600 Francis St. St. Joseph, Mo.

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, D. E. Ryan, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph, 1770

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

**If this body is not embalmed, above space should be left blank.**