

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

Do not use this space.

FILED MAY 20 1942

66/ 14986

1. PLACE OF DEATH

County Monticau Registration District No. 571
Township Walden Primary Registration District No. 4335
City California (No. 1) St. California Ward 1

2. FULL NAME

Viola Mary Watterscheid
(a) Residence, No. California no. St. California Ward. 1
(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13th 1913</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	<u>10</u>
		DAYS
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
<u>Housewife</u>		
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

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Monticau Co Mo</u>
	13. NAME	<u>Earhardt Unglaub</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Monticau Co Mo</u>
	15. MAIDEN NAME	<u>Katie Batty</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Monticau Co Mo</u>
	17. INFORMANT (ADDRESS)	<u>John Watterscheid California no</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE		<u>Monticau Ch DATE 4/22 1942</u>
19. UNDERTAKER (ADDRESS)		<u>Williams & Frick meyer California no</u>
20. FILED 4-22-42		<u>Mrs. James Roth Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1942

22. I HEREBY CERTIFY, That I attended deceased from April 17 1942 to April 21 1942
I last saw him alive on April 21 1942 Death is said to have occurred on the date stated above, at 3:30 a. m.
The principal cause of death and related causes of importance were as follows:
Pelvic abscess
Salpingitis Cause
Unknown.
Date of onset

Other contributory causes of importance: 1390

Name of operation Drainage abscess Date of 4-19-42
What test confirmed diagnosis? operation 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) D. L. Latham M. D.
(Address) California no

WRITE PLAINLY, WITH UNFADING INK. THIS IS A FEDERAL FORM.

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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Embodied by
Hugh E. Williams
California No
License # 3537