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

Do not use this space.

21651

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3018
City Kansas City (No. 2227 Tracy St. Ward)

2. FULL NAME Hardy C. Watts
(a) Residence. No. 2227 Tracy St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1878

7. AGE: Years 49 — Months 2 — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): Bank
(c) Name of employer: New England Nat'l.

9. BIRTHPLACE (CITY OR TOWN): Glasgow
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Rubin Watts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Sallie Hickman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Edwin Watts
(Address) 2227 Tracy

15. FILED 8/1, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 29 1927

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1927 to July 29, 1927 that I last saw him alive on July 28, 1927 and that death occurred, on the date stated above, at 5:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stricture of Esophagus
28
116 A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Malaria Fever
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Elsewhere

7/31, 1927 (Signed) M. G. Brookins, M. D
(Address) 184 Vine

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Highland — DATE OF BURIAL: Aug. 1, 1927

20. UNDERTAKER: Adkins Bros. — ADDRESS: 2122 Vine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state