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

Do not use this space.

30958

1. PLACE OF DEATH
County Marion
Township ~~Mason~~
City Hannibal
Registration District No. 547
Primary Registration District No. 3079
(No. 1328, Grace St. 6th Ward)
File No. 488
Registered No.

2. FULL NAME Charles.E,Watson
(a) Residence. No. 1328.Grace St., 6th Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: Male
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: Ruth Davis Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 20, 1840

7. AGE: 87 YEARS | MONTHS: 4 | DAYS: 10 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Contractor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: John Watson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Harriett.A,Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York

14. INFORMANT: Harriett.N,Watson
(Address) 1328 Grace St

15. FILED Oct 31, 1927 C E Strode REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct, 30, 27 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 30th, 1927, to Oct 30, 1927 that I last saw him alive on Oct 30, 1927, and that death occurred, on the date stated above, at 12:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis —
~~Cerebral hemorrhage~~ —
82A
97 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? N.A.
IF NOT AT PLACE OF DEATH?
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Howard B. Gardner, M.D.
, 19 (Address) Hannibal, Mo.

*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: Mount Olivet
DATE OF BURIAL: 11/1.27 19

20. UNDERTAKER: Wm.M.Smith
ADDRESS: Hannibal

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.