JUL 26 1928

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

Do not use this space.

21283

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township [illegible] — Primary Registration District No. 3030 — Registered No. 37
City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Charles Marine Watts
(a) Residence. No. 26 West Madison St. Pontiac Ward Michigan
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1½ mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28th, 1899

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	2	26	

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

9. BIRTHPLACE (CITY OR TOWN) Gallipolis
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Frank Watts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gallipolis
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Alice Cofer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Center Point
(STATE OR COUNTRY) Ohio

14. INFORMANT X John E. Watts
(Address) X 209 W. Liberty, Ann Arbor

15. FILED June 23rd 1928 F. J. Vernon Mich. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22nd 1928 4:30 P.M.

17. I HEREBY CERTIFY, That I attended deceased from June 20th, 1928, to June 22nd, 1928, that I last saw him alive on June 22nd, 1928, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Right Upper lobe lung duration one day
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gun shot Wound
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) [illegible], M. D
, 19 (Address) Charleston, 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 Rio Grand Ohio — DATE OF BURIAL 6-25 1928
20. UNDERTAKER Lair Und. Co — ADDRESS Charleston

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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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

WRITE PLAINLY, WITH INK. BEING INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
County Pike — Registration District No. 566 — File No.
Township — Primary Registration District No. 3028 — Registered No. 37
City Charleston (No. , St. Ward)

2. FULL NAME Charles Maurice Watts

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. Filed Aug 3rd 1928 F S Berman Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
that I last saw h alive on , 19 , and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Right upper Lobe Lung — duration one day
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Shot gun wound robbed a Bank 2 years ago shot in the back while going to Canada by cashier of the Bank at Sathanello
(duration) yrs. mos.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
He took Pneumonia only recently the gun shot — normal
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

S-21283