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.

8 1929

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

Do not use this space.

37967

File No. .....

Registered No. 54.

1. PLACE OF DEATH

County St. Charles Registration District No. 760

Township Dardenne Primary Registration District No. 6001.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Robert M. Watson

(a) Residence. No. O'Fallon Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 1 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27-28

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	24	

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER ~~Stone~~ Watson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mc Elver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. Per INFORMANT Miss Emily H Watson
ADDRESS O'Fallon Mo

15. FILED Nov 22 1928 Dr. J. M. Judkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928, to Nov 21, 1928, that I last saw h. alive on Nov 21, 1928, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
82A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....

(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? Usual

(Signed) L. N. Rosenquist, M. D.
, 19 (Address) O'Fallon 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~~ Dardenne Pres. Cemetery

DATE OF BURIAL 11/23 1928

20. UNDERTAKER Ed Keithly

ADDRESS O'Fallon Mo.