

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

Do not use this space.

13498

1929

1. PLACE OF DEATH

County Scott Registration District No. 801
 Township Richland Primary Registration District No. 6070
 City Union (No. _____) St. _____ Ward _____

File No. 44
 Registered No. _____

2. FULL NAME Valley B. Watson

(a) Residence. No. _____ St. _____ Ward _____
 (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. (If nonresident give city or town and State)

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 Harriet B. Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug, 7, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Portageville, Mo.
 (STATE OR COUNTRY) New Madrid County

10. NAME OF FATHER Joseph Watson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Portageville, Mo.
 (STATE OR COUNTRY) New Madrid

12. MAIDEN NAME OF MOTHER Milandy Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Portageville, Mo.
 (STATE OR COUNTRY) New Madrid

14. INFORMANT Carora Dillon
 (Address) Union, Mo.

15. FILED 4/10/29 1929 Walter Edwards REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-11-29 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Smoked by drinking 2 ounces carbolic acid.

16.50 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 16.60 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) George J. Dempster, M. D.
 , 19____ (Address) corner Union, 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 Cemetery near Portageville DATE OF BURIAL 3/12/29

20. UNDERTAKER Dr. J. Dempster ADDRESS Union, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

