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

Do not use this space.

File No. 17472

Registered No. 10

1. PLACE OF DEATH
County: Callaway
Township: St Aubert
Registration District No. 105
Primary Registration District No. 5-15-4
City: (No. ; St. ; Ward)

2. FULL NAME: Thomas Waters

(a) Residence. No. County Farm (Usual place of abode) Ward (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: Emma Waters

6. DATE OF DATH (MONTH, DAY AND YEAR): 1859 Oct 2

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~About 75~~ 69	7	11	

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

PARENTS

10. NAME OF FATHER: Solomon Waters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Kn
12. MAIDEN NAME OF MOTHER: Nancy E. McConnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT: W R Hinton
(Address): Mokane Mo

15. FILED 5/18 1929 W H Williamson REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-13-1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to May 12, 1929 that I last saw him alive on May 12, 1929 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema of Lungs
Bronchitis
Chronic Nephritis
Don't Know
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Cardio-Vascular Hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W D Payne M.D.
19 (Address) R#4 Fulton 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: Middle River Cemetery
DATE OF BURIAL: 5-13 1929

20. UNDERTAKER: E W Musgrove
ADDRESS: Mokane Mo.