

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

Do not use this space.

30138

85

File No. 1088
Registered No. 1088

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township _____ Primary Registration District No. _____
City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME Daniel Edward Watts

(a) Residence. No. 2714 Julia Street St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 16 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 9.11.
1929., to 9.16., 1929.
that I last saw him alive on 9.16., 1929., and that death occurred, on the date stated above, at 9-55 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18, 1891

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 4 28

Inoperable Cancer of Stomach
4019
1180 (duration) yrs. 4 mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Heroin (duration) yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Andrew County, Missouri
(STATE OR COUNTRY)

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

10. NAME OF FATHER Daniel S Watts

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9.16.29.
WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS X-ray + operative
(Signed) Glenn M. Formner, M. D.

12. MAIDEN NAME OF MOTHER Arabella French
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gentry Co.
(STATE OR COUNTRY) Missouri

Sept. 17⁹ 29 (Address) Phicians and Surgeons Bldg.

*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.

14. INFORMANT Mrs. Helen Watts
(Address) 2714 Julia Street

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Joseph Memorial Park, Cem. DATE OF BURIAL Sept 20 1929

15. FILED 1-9 1929
Jordan G. W. REGISTRAR

20. UNDERTAKER H.O. Sidenfaden ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11
9-16-29
22-1929

46

2

