

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

Do not use this space.

11821

1. PLACE OF DEATH
City Buchanan
Township
City St. Joseph (No. 1404 Prospect)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 535
St. _____ Ward _____

2. FULL NAME Baby Watson
(a) Residence No. 1404 Prospect 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1930				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day _____ hrs. or _____ min.
	0	0	0	0
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 28, 19 30**

17. I HEREBY CERTIFY, That I attended deceased from at birth, 19____, to____, 19____, that I last saw h. _____ alive on____, 19____, and that death occurred, on the date stated above, at 6:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Cerebral hemorrhage
160C
_____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Maurice Russell Watson

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

12. MAIDEN NAME OF MOTHER Fern Black
Cora

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

CONTRIBUTORY (SECONDARY) Uterine inertia
_____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 14502
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) W. D. Webb, M. D.
4-29, 1930 (Address) St. Joseph, Mo.

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

14. INFORMANT M. R. Watson
(Address) 1404 Prospect

15. FILED APR 29 1930 John E. [Signature] REGISTAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I. O. O. F. Cem. DATE OF BURIAL April 29, 19 30

20. UNDERTAKER Fred D. Clark ADDRESS 5025 King Hill

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.

MAX 22 1930

APR 29 1930

