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

Do not use this space.

26990

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3612
Township Kan — Primary Registration District No. 002 — Registered No.
City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME William McLauchlan Watters
(a) Residence. No. 5206 Olive St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie L. Watters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27-1886

7. AGE: YEARS 44 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Oliver Iron + Steel Co. Pittsburgh Penn
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nebraska City Nebraska

PARENTS
10. NAME OF FATHER: Chas. W. Watters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Johns N B Canada
12. MAIDEN NAME OF MOTHER: Ada MacLauchlan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Johns N B Canada

14. INFORMANT (Address): Jessie L. Watters 5206 Olive St.

15. FILED 9/2 1930 M. M. Crowe REGISTRAR Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug-30 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-28, 1930, to 8-30, 1930 that I last saw him alive on 8-30, 1930, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Thrombosis
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Non Epidemic Acute Encephalitis (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) H. H. Owens, M. D.
9/1, 1930 (Address) 1034 Rialto

*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: Mt. Moriah Cem — DATE OF BURIAL: Sept 2 1930

20. UNDERTAKER: Dwyer Conners Sons — ADDRESS: K.C.

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.

Mr. H. H. Orbons - Realto Bldg Hi 2813
Res - 5101 Forest Hi 2040

11 am