

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.

JAN 20 1932

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

Do not use this space.

40507

**1. PLACE OF DEATH**

County Crawford Registration District No. 230  
 Township Repton Primary Registration District No. 5312  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

George Washington 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucy Watson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 16, 1862</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Gardener</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Clark County  
 (STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Samuel E. Watson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Mary J. Holmes</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Thos. J. Watson  
 (Address) Cuba, Mo.

15. FILED 7/2, 1932 J. G. A. Herzog  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 16 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 29<sup>th</sup>, 1931 to Dec. 16<sup>th</sup>, 1931  
 that I last saw him alive on Dec. 15<sup>th</sup>, 1931, and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
 131 (duration) 5 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 131 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Gustavus G. A. Herzog, M.D.  
Dec 16 1931 (Address) Cuba, 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 Kinder Cemetery DATE OF BURIAL 12/18 1931

20. UNDERTAKER Geo. E. Holloway ADDRESS Cuba, Mo.

