

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

Do not use this space.

15590

1. PLACE OF DEATH  
 23 County Clark Registration District No. 190  
 1 Township Pinecafu Primary Registration District No. 4112  
 6 City Kahoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mortan H. Watson  
 (a) Residence, No. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. 27  
 \_\_\_\_\_

**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 Melissa G. Watson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1870  
 7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
62 0 1  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 13. NAME Abraham Watson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 15. MAIDEN NAME Sarah Brouner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 17. INFORMANT Mrs. Melissa G. Watson  
 (ADDRESS) Kahoka Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Co. DATE May 19 1932  
 19. UNDERTAKER (ADDRESS) Puttling, E. H., Kahoka Mo.  
 20. FILED May 19 1932 J. R. Bridges  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1932  
 22. I HEREBY CERTIFY, That I attended deceased from May 10 1932 to May 17 1932  
 I last saw him alive on May 17 1932. Death is said to have occurred on the date stated above, at 3:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency Date of onset Birth  
974 920  
 Other contributory causes of importance: none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) A. L. Bridges, M. D.  
 (Address) Kahoka Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 21 1932

