

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

Do not use this space.

16428

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Crairie Primary Registration District No. 5553B
 City Little Blue (No. Jackson Co Home)

File No. _____
 Registered No. 92 St. _____ Ward _____

2. FULL NAME Robert W. Watt

(a) Residence, No. Jackson County Home 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-24-1876</u>			
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salesman 192</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
	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) <u>Illinois</u> ?			
FATHER	13. NAME <u>unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> ?		
	15. MAIDEN NAME <u>unknown</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
	17. INFORMANT <u>J. W. Hostetter</u> (ADDRESS) <u>Jackson Co Home</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodland Cemetery</u> DATE <u>May 16</u> 19 <u>32</u>			
19. UNDERTAKER <u>Kellidie's Funeral Home</u> (ADDRESS) <u>2657 Independence Ave</u>			
20. FILED <u>May 16</u> 19 <u>32</u> <u>William T. Fields</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1932

22. I HEREBY CERTIFY, That I attended deceased from May 6 1932 to 5/13 1932
 I last saw him alive on 5/13 1932 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage Date of onset 5/6-32
82A J. D. Ad
 Other contributory causes of importance: (D)

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) J. H. Greene _____ M. D.
 (Address) Kelleywood Rd

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.

MAY 22 1932

