

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

Do not use this space.

23963

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 003B3
 City St. Louis (No. 8914 Argyle Ave.) St. _____ Ward _____

File No. _____
 Registered No. 190

2. FULL NAME James Watts
 (a) Residence, No. 8914 Argyle Ave. 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Watts		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1862		
7. AGE	YEARS 69	MONTHS 7
	DAYS 2	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish Washer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restuarant 244 430	
	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) New Hope, Mo.		
FATHER	13. NAME Mordica Watts,	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Mary Hammack	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.	
17. INFORMANT Mrs. Susie Granoplos (ADDRESS) 8914 Argyle Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE July 1, 1932		
19. UNDERTAKER W. S. P. Restech Inc (ADDRESS) 5966 Eastern Ave		
20. FILED 7-2- 19 32 Willa Bray, M.D. Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset **70**
930
930
 Other contributory causes of importance: **930**
930

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ as 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) **Willa Bray, M.D.**
 (Address) **James of St. Louis Co.**

NO MARKS RESERVED FOR BINDING

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.

JUL 27 1932

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