

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

Do not use this space.

29923

File No. 7
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

73 County Newton
Township Shore Creek
City _____ (No. _____)

Registration District No. 1046
Primary Registration District No. 2007
5870

2. FULL NAME

John H. Watts

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</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>Nancy Watts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10/14, 1864</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>9</u>	DAYS <u>22</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>Lead & Zinc</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mines 7/3</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-32

22. I HEREBY CERTIFY, That I attended deceased from Sept - 3 - 1932, to Sept. 5 - 1932
I last saw h.l.m. alive on Sept. 5 - 1932 Death is said to have occurred on the date stated above, at 8:25 AM.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Nephritis
82-A
Other contributory causes of importance
Pneumonia
(3)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) W. H. Keely, M. D.
(Address) 217 7th Bldg.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
	13. NAME <u>John H. Watts</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
	15. MAIDEN NAME <u>Sarah Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>
	17. INFORMANT (ADDRESS) <u>Harley M. Watts</u> <u>Chambers Kansas</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>9-6-32</u>	
19. UNDERTAKER (ADDRESS) <u>Wyllie and Co</u> <u>Forest Park</u>	
20. FILED <u>9/6</u> <u>W. A. Benson</u> Registrar	

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton Registration District No. 1046 File No. _____
 Township Shoal Creek Primary Registration District No. 5870 Registered No. 18
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

John H. Watts
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Watts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14, 1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lead & Zinc miner</u>	
	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) <u>Ark.</u>		
MOTHER FATHER	13. NAME <u>John H. Watts</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
	15. MAIDEN NAME <u>Sarah Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>	
17. INFORMANT <u>Harley J. Watts</u> (ADDRESS) <u>Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Park</u> DATE <u>9-6-32</u>		
19. UNDERTAKER <u>Spealbeut and Co.</u> (ADDRESS) <u>W. Platte</u>		
20. FILED <u>Nov 14, 1933</u> <u>J. Thurman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept 5, 1932
 I last saw him alive on Sept 5, 1932 Death is said to have occurred on the date stated above, at 8:05 - 2
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Nephritis
 Other contributory causes of importance:
Complication

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) H. S. Welch M. D.
 (Address) 217 Frisco Bldg

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

5.5.66-5