

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

Do not use this space.

33279

1. PLACE OF DEATH

County Randolph Registration District No. 733 File No. _____
 Township ~~State Springs~~ Primary Registration District No. 4438 Registered No. 32
 City Huntsville St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE Cal. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clark Watts

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeping
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Randolph
 (STATE OR COUNTRY) County Ind.

10. NAME OF FATHER Rainey Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) _____

14. INFORMANT Ed Williams
 (Address) Res. Mines Iowa

FILED Nov 19 1932 4 5 Pragg
 REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Oct 27, 1932, 1932
 that I last saw him alive on Oct 27, 1932 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 2 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 _____

(Signed) J. H. Pragg, M. D.

, 19 _____ (Address) Huntsville

*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 _____ DATE OF BURIAL _____

Huntsville Mo Oct 27, 1932

20. UNDERTAKER _____ ADDRESS _____

Patton & Minor Huntsville

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.

NOV 28 1932

