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.

JAN 21 1933

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

Do not use this space.

38593

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1316
City St. Joseph (No. 425 E. Colorado Ave. St. Ward)

2. FULL NAME Zachariah T. Watts
(a) Residence, No. 425 E. Colorado 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 23 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah J. Watts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1847

7. AGE: YEARS 85 — MONTHS 6 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stock Yards Co.
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ross Co. Kentucky ?

FATHER
13. NAME: Coffman Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

MOTHER
15. MAIDEN NAME: Susana Tole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky ?

17. INFORMANT (ADDRESS): Paul Brown St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE 12-30 1932

19. UNDERTAKER (ADDRESS): Fred D. Clark 5000 King Hill Ave.

20. FILED Dec 30 1932 John R. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 28, 1932, 19

22. I HEREBY CERTIFY, That I ~~attended~~ recorded deceased ~~from~~ on Dec. 26, 1932, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
82A	
97	

5

Other contributory causes of importance:
Arterio Sclerosis Third stroke

Name of operation none Date of
What test confirmed diagnosis? Clinical Hist 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) Forrest Thomas Coroner, M. D.
(Address) 801½ Felix