

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. 701
 Primary Registration District No. 1002

File No. 11114
 Registered No. 2151
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3970 Walsh St., 15 Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 16 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 or (or)-WIFE of Louisa Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 | 11 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Coal Springs
 (STATE OR COUNTRY) Penn

10. NAME OF FATHER Geo Watson

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

12. MAIDEN NAME OF MOTHER Felicia Harmon

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

14. INFORMANT Geo Watson
 (Address) 3970 Walsh St

15. FILED Mar 19 1933 May C Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1st 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 17th 1933 to March 1st, 1933.
 (that I last saw him alive on March 1st, 1933, and that death occurred, on the date stated above, at 4:35 P.A.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy cerebral
99 (duration) yrs. mos. 13 ds.
 CONTRIBUTORY Atherosclerosis Chronic
 (SECONDARY) Myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... 5417 Bates St.

DID AN OPERATION PRECEDE DEATH... no. DATE OF _____

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS: Physical examination
 (Signed) Walter H. Gunn, M. D.

Mar 1, 1933 (Address) 5005 - Travis

*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 Estr Louis DATE OF BURIAL March 3 1933

20. (UNDERTAKER) Wm H J Walsh ADDRESS Estr Louis

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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PARENTS

