Fox

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.

JUN 23 1933

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

Do not use this space.

13895

1. PLACE OF DEATH

64 County Marion — Registration District No. 541 — File No.

Township Mason — Primary Registration District No. 3029 — Registered No. 133

City Hannibal (No. 601, Collier St. Ward)

1

8 2. FULL NAME John Watson

(a) Residence, No. 601 Collier St., 3rd Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Colored.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Francis Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1859

7. AGE: YEARS 70 — MONTHS 4 — DAYS 7 — 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.
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) Palmyra. Mo.

FATHER

13. NAME Hiram Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Francis Watson Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Hannibal~~ Mo Baptist Cem DATE 5/2/33, 19

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo.

20. FILED 5/1, 19 33 C E Clousius Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30/1933, 19

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933, to April 30, 1933

I last saw him alive on April 29, 1933 Death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

108 108

Other contributory causes of importance:

Date of onset

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? No

If so, specify .....

(Signed) A. W. Fox, M. D.

(Address) 1216 Center