CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 24 1933

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

Do not use this space.

15531

1. PLACE OF DEATH

County: Vernon — Registration District No.: 878 — File No.:

Township: Inwood — Primary Registration District No.: 4531 — Registered No.: 5

City: Sheldon (No. ..... St. ..... Ward)

2. FULL NAME: Julian Watson

(a) Residence. No. ..... St., ... 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: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lottie Watson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 26 - 1869

7. AGE: Years 63 — Months 4 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland Ill

PARENTS

10. NAME OF FATHER: James Watson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Mirsila Mcnary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Lottie Watson
(Address): Sheldon Mo

15. FILED: April 21, 1933 — Carroll T Berry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 21 1933

17. I HEREBY CERTIFY, That I attended deceased from May 17th, 1926, to April, 19..., that I last saw him alive on April 21, 1933, and that death occurred, on the date stated above, at 2:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema From Chronic Myocarditis and Chronic Nephritis
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis & Nephritis
(duration) 7 yrs. ..... mos. ..... ds.

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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? Clinical

(Signed) Arthur G. Altham M.D.
4/22, 1933 (Address) Sheldon Mo.

*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: Sheldon Cemetery — DATE OF BURIAL: April 23 1933

20. UNDERTAKER: G. B. Berry & Sons — ADDRESS: Sheldon