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

Do not use this space.

18071

File No.
Registered No. 4272

1. PLACE OF DEATH

County
Township
City St. Louis, (No. Deaconness Hospital, St. Ward)

Registration District No. 791
Primary Registration District No.

2. FULL NAME Charles T. Watson,

(a) Residence, No. St., 4 Ward. Balboa, Canal Zone,
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867-2-13

7. AGE: Years 66 | Months 2 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

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) Hannibal, Mo.

FATHER

13. NAME Poindexter Watson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London, Mo.

MOTHER

15. MAIDEN NAME Jennie Mills,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo.

17. INFORMANT T. M. Brown
(ADDRESS) 6649 Marquette av.

18. BURIAL, CREMATION, OR REMOVAL.
PLACE New London, Mo. DATE 5/15/33. 19

19. UNDERTAKER Robert Funeral Home
(ADDRESS) Clayton Road at Concordia Lane.

20. FILED MAY 15 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 a 1932 to 5/12/33. 19
I last saw him alive on 5/12/33. 19 Death is said to have occurred on the date stated above, at 11:25 A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
131	
131	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1930

Name of operation — Date of —
What test confirmed diagnosis? Usual 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) C. V. Wilcox M.D., M. D.
(Address) 3201 Ivanhoe av. St. Louis Mo.

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.

318