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.

SEP 26 1933

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

Do not use this space.

25927

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No.
Township Bruner — Primary Registration District No. 6251 — Registered No.
City Bruner, Mo. (No. ..... St. ..... Ward)

2. FULL NAME James 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~~: Mrs Jas. Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19 1899

7. AGE: YEARS 34 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
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): Belle Mo.

FATHER
13. NAME: Tom. Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Christena Strump
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Tom. Watson Bruner Mo.

18. BURIAL, CREMATION, OR REMOVAL: West Finley
PLACE: Zainer Cemetery DATE: Aug 24 1933

19. UNDERTAKER (ADDRESS): T. B. Chaffin Ozark Mo.

20. FILED: 9-4 1933 Mrs. L. B. Clemens. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to 8-23, 1933
I last saw him alive on 8-19, 1933 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:

Tuberculosis of lungs — Date of onset

23A

Other contributory causes of importance:

Hereditary (mother)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) S. O. H. Williams, M. D.
(Address) Fordland, Mo.