

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

Do not use this space

34135

1. PLACE OF DEATH

County Ball

Township Center

City (No.)

Registration District No. 725-

Primary Registration District No. 5-95-6

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 / 1891

7. AGE YEARS 42 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) Ball Co Mo

13. NAME Geo C Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME white

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

17. INFORMANT (ADDRESS) Geo C Watson

18. BURIAL, CREMATION, OR REMOVAL PLACE Salmon DATE 10/21 1933

19. UNDERTAKER (ADDRESS) W. J. Howard

20. FILED Nov 1 1933 J. T. Howard Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1933, to Oct 28 1933

I last saw him alive on Oct. 28 1933. Death is said to have occurred on the date stated above, in home undisturbed

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

Not Known
(had been partially paralyzed + an idiot since birth or early childhood.)
No contagious disease

Other contributory causes of importance:

875

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? No

If so, specify _____

(Signed) J. P. Botta M. D.

(Address) Center, Mo.

NOV 10 1933

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.

