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.

JAN 4 1934

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

Do not use this space.

36206

1. PLACE OF DEATH

County Greene — Registration District No. 3, 8 — File No.

Township — Primary Registration District No. 2001 — Registered No. 782

City Springfield (No. 2027 N. Jefferson St. Ward)

2. FULL NAME Francis M. Watson

(a) Residence, No. 2027 N. Jefferson Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 Lella Emmerson Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1863

7. AGE: YEARS 70 — MONTHS 8 — DAYS 17 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) Greene Co., Mo.

FATHER

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

MOTHER

15. MAIDEN NAME Margaret Holliway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) E. W. Greenwade, Willard.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Nov. ~~XX~~ 9 1933

19. UNDERTAKER (ADDRESS) Greenwade Undertaking Co Willard, Missouri.

20. FILED 11-9 1933 Ralph W. Langston Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. ~~XX~~ 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1933, to Nov. 7, 1933

I last saw him alive on Nov. 7, 1933 Death is said to have occurred on the date stated above, at 9.20 A.M.

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

| | Date of onset |
|---|---|
| Apoplexy | 10-11-1933 |
| 88 A | |
| 88 A | |
| 97 | |

Other contributory causes of importance:

Artero Sclerosis

Name of operation — Date of

What test confirmed diagnosis? Phys. Exam. 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) Solomon W. Tickle, M. D.
(Address) Springfield