

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6013

1. PLACE OF DEATH

County PettisRegistration District No. 661Township SedaliaPrimary Registration District No. 3032City Sedalia

(No.)

File No. 68Registered No. 668

St. Ward)

2. FULL NAME Lucius Watson(a) Residence, No. 111 W. Cooper St. St. Ward.

(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

M

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Carrie Watson

(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

don't knowdon't knowdon't know

OCCUPATION

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

Preacher

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

Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis(STATE OR COUNTRY) mo

FATHER

13. NAME James Watson14. BIRTHPLACE (CITY OR TOWN) don't know(STATE OR COUNTRY) don't know

MOTHER

15. MAIDEN NAME don't know16. BIRTHPLACE (CITY OR TOWN) don't know(STATE OR COUNTRY) don't know17. INFORMANT Carrie Watson(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia DATE Feb 21 193419. UNDERTAKER F. D. Ferguson(ADDRESS) Sedalia20. FILED 2-21- 1934 Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-34 193422. I HEREBY CERTIFY, That I attended deceased from February 1st 1934, to February 14th 1934I last saw h.i.m. alive on Feb 14th 1934. Death is saidto have occurred on the date stated above, at 4:30

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

108 131 lobar pneumonia

Date of onset

Other contributory causes of importance:

Interstital NephritisName of operation not airt Date ofWhat test confirmed diagnosis clinical lab 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.

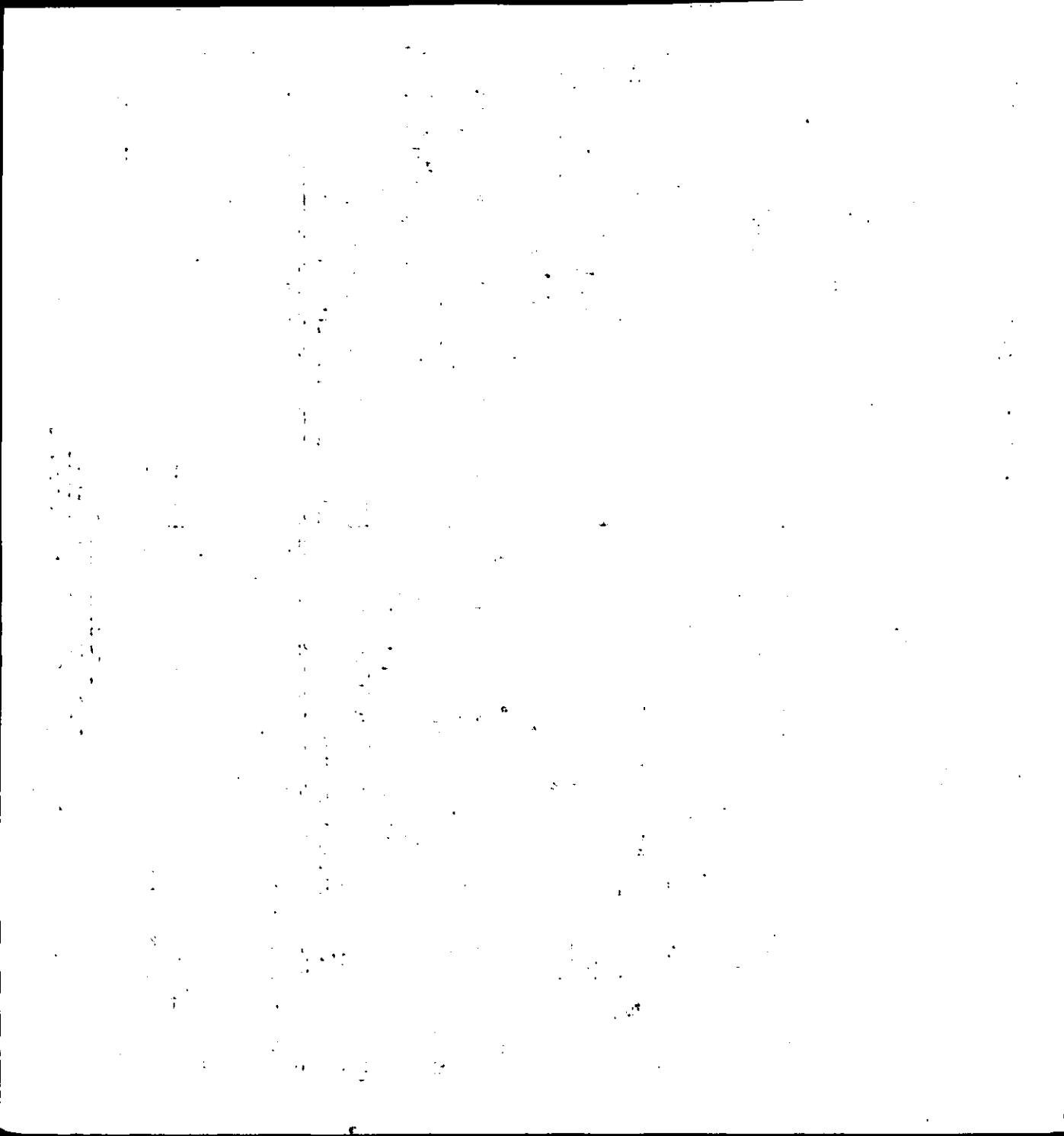
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Maddox, M. D.(Address) 116 1/2 N. Main



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Letting

Registration District No. 668

File No. _____

Township _____

Primary Registration District No. 3032

Registered No. 68

City Sedalia (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 111 W. Cooper St., Ward _____

(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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 8 2 1

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Jan Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19

I last saw him alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) _____, M. D.

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE OF DEATH

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