

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Salt River Primary Registration District No. 5001
City (No.) St. Ward

File No. 15604
Registered No. 101

2. FULL NAME

(a) Residence, No. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 9 4

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

13. NAME David Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Ill.

15. MAIDEN NAME Jemima Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Ill.

17. INFORMANT Mrs. Anna A. Watson (ADDRESS) Wickliffe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sabbath Home DATE 7-26, 1934

19. UNDERTAKER J. R. Easley (ADDRESS) Wickliffe, Mo.

20. FILED June 4, 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1934, to May 12, 1934. I last saw him alive on May 12, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Infection of tonsils
abscessing into throat
Peritonsillar abscess

Date of onset

Apr. 16
1934
3 PM
16
1934

Other contributory causes of importance:

Name of operation 115A 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

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) W. J. Wells M.D.

(Address) Wickliffe, 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.

JUN 20 1934

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