

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

Do not use this space.

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Primary Registration District No. 3008
 City Fulton (No.) St. Ward (.....)

File No. 19689
 Registered No. 131

2. FULL NAME

Josh Watson
 (a) Residence, No. State Hospital 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. 1 mos. 9 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 yrs 5 16

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) Louisiana

13. NAME OK

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

15. MAIDEN NAME OK

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

17. INFORMANT Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp Grounds DATE June 29 1934

19. UNDERTAKER J. J. Webb Fulton Mo. (ADDRESS) 701 1/2

20. FILED 6-29-1934 (Address) H. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19 1934 to June 28 1934

I last saw him alive on June 27 1934. Death is said to have occurred on the date stated above, at 5:47 A.M.

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

gm. Arteriosclerosis
939
99 938
 Other contributory causes of importance:
Stenosis
Myocardial Deficiency

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 5
 Nature of injury 5

24. Was disease or injury in any way related to occupation of deceased? N.O.
 If so, specify
 (Signed) Richard B. Budgman, M. D.
 (Address) Fulton, 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.

14
 JUL 16 1934

