

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

Do not use this space.

OCT 9 1934

1. PLACE OF DEATH

County Laclede Registration District No. 449
 Township _____ Primary Registration District No. 4267
 City Lebanon (No. _____) St. _____ Ward _____

File No. 33256

Registered No. _____

2. FULL NAME James G. Watson

(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) Single Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Hart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 5 3

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. oil business
 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) Camden County Mo

FATHER 13. NAME Andrew J. Watson

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

MOTHER 15. MAIDEN NAME Mary Hibdon

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

17. INFORMANT Mrs. Fred Burch (ADDRESS) Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stinson Oak Cemetery DATE Sept. 17, 1934

19. UNDERTAKER Palmer (ADDRESS) Lebanon, Mo

20. FILED 9/17 1934 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1934

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:45 m.

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

acute alcoholism Date of onset _____

136
450 950

Other contributory causes of importance:

chronic myocarditis

& myocardial degeneration

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? accident 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) J. H. Sumner (Dr.)

(Address) Lebanon, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

