

FEB 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinRegistration District No. 293Township CalverPrimary Registration District No. 3416City Rocky Hill (No.)

St. Ward)

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

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

Ellen Waters

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

Aug. 20, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

78511

OCCUPATION

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)

Franklin Co., Mo.

MOTHER FATHER

13. NAME

B. J. Waters

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

Penn.

15. MAIDEN NAME

Martha Ruckes

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. Ellen Waters
Rocky Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Clair

DATE

June 23, 1935

19. UNDERTAKER (ADDRESS)

Wm. C. Smith & Co.
St. Clair, Mo.

20. FILED

Jan. 31, 1935G. E. Gross
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 21, 1935

22. I HEREBY CERTIFY That I attended deceased from

Jan. 10 - 1935 to Jan. 21 - 1935I last saw him alive on Jan. 10, 1935 Death is saidto have occurred on the date stated above, at 3 P. m.

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

Date of onset

Broncho Pneumonia

Other contributory causes of importance:

Bronch Asthma

Name of operation

Date of

What test confirmed diagnosis?

ClinicalWas 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) W. E. K. Hill

, M. D.

(Address) St. Clair

