MAY 2 4 1935

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

Do not use this space.

12929

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.:

Township: Kansas — Primary Registration District No.: — Registered No.: 1331

City: K. C. Mo (No. 5805 Agnes, Ave, St. Ward)

2. FULL NAME: John Wesley Watson

(a) Residence, No. 5805 Agnes 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: Lillie Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-1-1881

7. AGE: Years 54 | Months 3 | Days 13 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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

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): Kansas City Mo

FATHER

13. NAME: Joseph M. Watson

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

MOTHER

15. MAIDEN NAME: Nancy Jane Parks

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

17. INFORMANT (ADDRESS): Lillie Watson, 5805 Agnes, ave,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 4-16th 35

19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster, 918 Brooklyn, ave,

20. FILED: 4-15, 1935 M. M. Crowe asst. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/14/35, 19

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

I last saw h... 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 |
|---|---|
| Primary Thrombosis | |
| Chronic Myocardial Degeneration | |

Other contributory causes of importance:

Name of operation: Autopsy 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)

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.

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