

JUL 23 1935

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

Do not use this space.

19620

1. PLACE OF DEATH

County *Jasper*
Township *Blue*
City *Blue*

Registration District No. *398*
Primary Registration District No. *5554*

File No. _____
Registered No. *187*
St. _____ Ward _____

2. FULL NAME

Allen Perry Watson

(a) Residence, No. *2200 Springboro* St., _____ Ward _____
(Usual place of abode)

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 *wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23 1920*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
14 11 16

OCCUPATION
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.
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 *Allen Perry Watson Sr.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Blue Springs, Mo.*

MOTHER 15. MAIDEN NAME *Edithel Hardberg*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *K.C. Mo.*

17. INFORMANT *Allen Perry Watson Sr.*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Mt. Washington* DATE *June 11-1935*

19. UNDERTAKER (ADDRESS) *C. D. Cabern Union & Livery Service, Inc. Blue Springs, Mo.*

20. FILED *6-13-35* *F. L. Cook*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 9 1935*

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 *12:30 P.M.*

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

Electrocution - turned on lights in garage

Date of onset _____

Other contributory cause of importance: *10/3*

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Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *accident* Date of injury *6/9 1935*

Where did injury occur? *Jasper Co.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury *turned on lights in garage*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify _____

(Signed) *Wm. H. Miller*, M. D.
(Address) *203 - East Summit, 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.

