

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.

DEC 21 1935

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

Byer.
Do not use this space.

36946
354

353

668

1. PLACE OF DEATH

County Pettis
Township.....
City Sedalia

Registration District No. 665
Primary Registration District No. 3032
(No. Bothwell Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME David Watson

(a) Residence, No. 647 E 14th. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
86 1 2

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) Penn.

13. NAME David Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK
Catharine Hile

15. MAIDEN NAME

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

17. INFORMANT Mrs Walter Pulcher
(ADDRESS) Parsons Ks.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov. 27 1935

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED Nov 27 1935 John Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25/35 19

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1935, to 11-25, 1935.
I last saw him alive on 11-24, 1935. Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

11/10/35

Other contributory causes of importance:

Smile

8201

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) OT Byer, M. D.
(Address) Sedalia Mo.

