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.

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

Do not use this space.

7436

MAR 25 1936

1. PLACE OF DEATH
County St Francois — Registration District No. 774 — File No. 283
Township St Francois — Primary Registration District No. 6018B — Registered No.
City Esther (No. , St. Ward)

2. FULL NAME Mr James Ralph Watson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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: Male
4. COLOR OR RACE: White Cauc
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Addie May Smith Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26-1890

7. AGE: YEARS 45 — MONTHS 10 — DAYS 2 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worked at St. Joe Lead Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Miner
10. Date deceased last worked at this occupation (month and year): Feb 28-36
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Roselle Madison County

FATHER
13. NAME: Mrs Isaac B. Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Frances Henry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ironton, Mo.

17. INFORMANT (ADDRESS): Mrs. Addie Smith Watson Esther Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: 20 of St Francois DATE: March 1st 1936

19. UNDERTAKER (ADDRESS): Alvin W. Hood Fort Riley Mo

20. FILED: 3 5 1936 C B Harrar Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936 to 2-28, 1936
I last saw him alive on 2-28, 1936 Death is said to have occurred on the date stated above, at 1:19 m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia — Date of onset 2-24-36
10-8

Other contributory causes of importance:
Chr Bronc

Name of operation: Clinical — 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? — 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? no
If so, specify
(Signed) Harold C Gaehe, M. D.
(Address) Desloge Mo