APR 17 1936

Dr Wallis Smith

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

Do not use this space.

10213

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. Sophia Hosp St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 274

2. FULL NAME Clay Watterson
(a) Residence, No. RFD #4 Ava St. Mo 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 M
4. COLOR OR RACE White
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) Aug 9 - 1923
7. AGE YEARS 12 MONTHS 7 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Ava Mo

FATHER
13. NAME P. A. Watterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome Mo

MOTHER
15. MAIDEN NAME Elsie Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Squires Mo

17. INFORMANT (ADDRESS) P. A. Watterson Ava Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava Mo DATE 3/26 1936
19. UNDERTAKER (ADDRESS) Herman H. Lohmeyer Springfield
20. FILED 3-26 1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1936, to 3-25, 1936
I last saw him alive on 3-25, 1936 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
121A	

Other contributory causes of importance:
Ruptured Appendicitis

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) Wallis Smith, M. D.
(Address) Springfield, 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.