

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.

MAR 24 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12019

1. PLACE OF DEATH

County RallsRegistration District No. 726Township SpencerPrimary Registration District No. 4432City New London(No. x)

St. _____ Ward)

2. FULL NAME

James Thomas Watson(a) Residence, No. New London, Mo 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

Cora Watson

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

August 9, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68624

OCCUPATION

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

Farmer

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)

Ralls County Missouri

13. NAME

Samuel T. Watson

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

Ralls County Missouri

15. MAIDEN NAME

Margaret Jones

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

Ralls County Missouri

17. INFORMANT

Mrs Cora Watson (Wife)

(ADDRESS)

New London, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Barkley

DATE

March 5, 1936

19. UNDERTAKER

(ADDRESS)

Wm. M. Smith 902 B. Hwy, Hannibal, Mo

20. FILED

March 5, 1936Blanche McGowan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1936 to March 3, 1936I last saw him alive on March 2, 1936 Death is saidto have occurred on the date stated above, at 12:15 a.m.

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

PneumoniaDate of onset 2-23-36

Other contributory causes of importance:

Injury to right side Broken Ribs

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? _____ 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)

W. J. Waters

M. D.

(Address)

New London, Mo

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

Do not use this space.

1. PLACE OF DEATH

County Ralls

Registration District No. 726

File No.

Township

Primary Registration District No. 4432

Registered No.

City New London (No.)

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(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

w

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

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day; hrs. or min.

68

6

24

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

19. UNDERTAKER (ADDRESS)

20. FILED

67/12

19

Blanche Milgrom

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 3, 1936

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:

Pneumonia

Date of onset

Other contributory causes of importance:

Fracture of right ribs
broken ribs

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? accid Date of injury 12-6-, 1930

Where did injury occur?

New London Mo

(Specify city or town, county, and State)

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

Manner of injury

Fall

Nature of injury

Imp. rib

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. J. Waters

M. D.

(Address)

New London Mo

Mo

SUPPLEMENTARY

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.

RECORD

3-12019