

May 22 1936

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

Do not use this space.

15999

1. PLACE OF DEATH

County Marion
Township Miller
City Thomas Francis Waters

Registration District No. 1040
Primary Registration District No. 5736

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

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 Josephine Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/13 1859

7. AGE YEARS 76 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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) Missouri

FATHER 13. NAME John H. Waters

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

MOTHER 15. MAIDEN NAME Catherine Dadas

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

17. INFORMANT (ADDRESS) Mrs Thomas Waters
Dixon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 4/17 19 36

19. UNDERTAKER (ADDRESS) Fred W. Gellers
Dixon mo

20. FILED 4-29 19 36 CW Winkelman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 13 19 33, to April 11 19 36

I last saw him alive on April 11 19 36. Death is said to have occurred on the date stated above, at P. A. M.

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

Infection of urinary tract following acute prostatitis followed by chronic cystitis after prostatectomy
Other contributory causes of importance: Debility of age
Date of onset June 1933

Name of operation prostatectomy Date of _____ 19 34

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X 19 36

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) Conley Gates M.D.
(Address) Brunswick mo

—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.

