

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

Do not use this space.

SEP 21 1936

1. PLACE OF DEATH
 County Franklin Registration District No. 293
 Township Boles Primary Registration District No. 4177
 City Pacific, Mo. (No. _____ St. _____ Ward _____)

File No. 30489
 Registered No. _____

2. FULL NAME JAMES W. WATERS
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 72 yrs. 8 mos. 7 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 WATERS Nellie Waters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MoPac. Railroad
 10. Date deceased last worked at this occupation (month and year) Oct. 1926 11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (CITY OR TOWN) Pacific, Mo.
 (STATE OR COUNTRY)

13. NAME James Waters

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

15. MAIDEN NAME Bridget Stewart

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

17. INFORMANT Nellie Waters, Pacific, Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific, Mo. DATE Aug. 28, 1936

19. UNDERTAKER John L. Thibes, Pacific, Mo.
 (ADDRESS)

20. FILED 9 4 1936 g e
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1936 to Aug 26 1936

I last saw him alive on Aug 26 1936 Death is said to have occurred on the date stated above, at 1:30 PM

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

Branch pneumonia Date of onset 6 days
1072

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) W. M. Hays, M. D.

(Address) Pacific, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-1-20-36 X7044

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.

