

OCT 21 1936

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

Do not use this space.

34732

## 1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3602 Registered No. \_\_\_\_\_  
City Joplin (No. 508) (Ward) \_\_\_\_\_

## 2. FULL NAME

Morris E. Waterman  
(a) Residence, No. 509 N. Haskell 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 10 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee

10. Date deceased last worked at this occupation (month and year) 32 yrs Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

13. NAME John Waterman

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Family doctor

18. BURIAL, CREMATION, OR REINTERMENT PLACE DATE Baptist Church 9-5-36

19. UNDERTAKER (ADDRESS) Wheeler & Co. Joplin Mo

20. FILED 925 19. 36 E. D. James Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1936

22. I HEREBY CERTIFY, That I attended deceased from August 20 1936 to Sept 4 1936

I last saw him alive on Sept 3 1936 Death is said to have occurred on the date stated above, at 5:45 PM

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

Chronic Interstitial Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation None 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. C. Coon M. D.

(Address) Joplin, Mo

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

20M-2-10-36 I X7284

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.

