Dr. Marshall
OCT 23 1936

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

Do not use this space.

35010

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township — Primary Registration District No. 3030 — Registered No. 127
City Charlestion (No. ..... St. ..... Ward)

2. FULL NAME Harry Arlond Watson
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1936

7. AGE YEARS — MONTHS 2 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Don Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo Ill

MOTHER
15. MAIDEN NAME Celia Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ill

17. INFORMANT (ADDRESS) Celia Watson Charlestion

18. BURIAL, CREMATION, OR REMOVAL
PLACE Travlers Coon DATE Sept 10 1936

19. UNDERTAKER (ADDRESS) Ted Shelby East Prairie Mo.

20. FILED Oct 8th 1936 J D Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 120 sept 11th, 1936

22. I HEREBY CERTIFY, That I attended deceased from sept 2, 1936, to sept 12th, 19..
I last saw her alive on sept 16th, 1936. 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:

Enteric colitis

Date of onset

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) Assmars Hall, M. D.
(Address) Charlestion Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2
100M-11-24-33