

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.

NOV 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Calloway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 9008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

36920

File No. \_\_\_\_\_

Registered No. 329

2. FULL NAME

Lee Watson  
(a) Residence, No. Callao, 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 11 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) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53 O.K. O.K.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. O.K.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.K.  
10. Date deceased last worked at this occupation (month and year) O.K. 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) O.K.

FATHER  
13. NAME O.K.

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

MOTHER  
15. MAIDEN NAME O.K.

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

17. INFORMANT (ADDRESS) State Hosp. Records Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Callao, Mo. Cemetery Oct 24, 1936

19. UNDERTAKER (ADDRESS) G. F. Perry Callao, Mo.

20. FILED Oct 27, 1936 G. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1936 to Oct 22, 1936  
I last saw h. s. alive on Oct. 22, 1936 Death is said to have occurred on the date stated above, at 9:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Broncho - Pneumonia Oct. 12, 1936  
Epilepsy  
Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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 None  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) F. A. Barnett, M. D.

(Address) State Hosp. No. 1. Fulton, Mo.

JUN 1 01948