

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

MAY 19 1937

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

Do not use this space.

File No. **16036**  
Registered No. **12**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
22 County Christian Registration District No. 184  
14 Township \_\_\_\_\_ Primary Registration District No. 4110  
6 City Ozark (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2. FULL NAME Thomas Marion Watson  
(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 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 Caroline Watson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1852  
7. AGE YEARS 84 MONTHS 5 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Lawrence Mo (STATE OR COUNTRY) Mo

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Jessie Kissock (ADDRESS) Ozark, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bois Darc, Mo DATE 3-10 1937

19. UNDERTAKER Redfern & Hoyle (ADDRESS) Ozark, Mo

20. FILED May 1 1937 Carolla Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 1937  
22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 8, 1937  
I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 8:30am  
The principal cause of death and related causes of importance were as follows:

Cardio-vascular  
Renal disease with  
high blood pressure  
ending in uremia  
Date of onset about 1932

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. P. Farthing, M. D.  
(Address) Ozark Mo.

