CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUN 17 1937

Do not use this space.

1. PLACE OF DEATH
14 County Calloway — Registration District No. 104 — File No. 19629
Township — Primary Registration District No. 3008 — Registered No. 135
City Fulton (No. State Hosp #1 St. Ward)

2. FULL NAME Wesley F. Watts
(a) Residence, No. Elsberry, 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 0 yrs. 0 mos. 22 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1855

7. AGE: YEARS 81 — MONTHS 5 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Ceneka Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Nancy Kemper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy, Mo DATE May 15, 1937

19. UNDERTAKER (ADDRESS) Leo H. Wallace Fulton, Mo

20. FILED May 15, 1937 R. N. Creus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to May 15, 1937
I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 12 45 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic myocarditis + myocardial degeneration	DK

Other contributory causes of importance:
2) Senility

BC

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? None 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) Fulton, Mo.