

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 638
Township St. Michael Primary Registration District No. 3029
City Fredricktown St. _____ Ward _____

File No. 31174
Registered No. 63

2. FULL NAME

Christopher Columbus Watts
(a) Residence, No. _____ St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1855

7. AGE YEARS 82 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

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) Fredricktown (STATE OR COUNTRY) Mad Co. Missouri

13. NAME Richard Watts

14. BIRTHPLACE (CITY OR TOWN) Bethel Creek (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Margaret Talley

16. BIRTHPLACE (CITY OR TOWN) Bethel Creek (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Rebecca Watts
Fredricktown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredricktown Mo Sept 1 1937

19. UNDERTAKER (ADDRESS) Ed. H. Webb
Fredricktown, Mo

20. FILED Sept 1 1937 B. C. Slaughter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937, to Aug 30 1937
I last saw him alive on 8/30 1937 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

Uremic poisoning
Date of onset Jan 1937

Other contributory causes of importance:
Cystitis with poststatic pyelonephritis

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) Henry Borron M. D.
(Address) Fredricktown Mo

Paul D. Schwaner.

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.

OCCUPATION

MOTHER FATHER

1
2
2

MAY 24 1951