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.

SEP 25 1937

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

Do not use this space.

File No. 31912

Registered No. 134

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 3038

2. FULL NAME: Orren Jasper Watts
(a) Residence, No. 875 South Redman 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Keys Watts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 27, 1853

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 84 | 6 | 5 | |

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Saline County Missouri

FATHER
13. NAME: Daniel Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Julia Bingham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arrow Rock Missouri

17. INFORMANT: Mrs. Dill H. Wood
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park Cem. DATE: Aug. 4th, 1937

19. UNDERTAKER: P. N. Campbell
(ADDRESS) Marshall, Mo.

20. FILED: Aug. 4, 1937 Mary Kent Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Aug 2, 1937; I last saw him alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Repeated attacks of cerebral thrombosis beginning in July 1935 | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic cystitis and prostatis | |

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) F. H. Manning, M. D.
(Address) Marshall, Mo.