

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERM-NENT RECORD

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 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Sacate River
City Mexico Mo (No. _____ St. _____ Ward _____)

Registration District No. 26
Primary Registration District No. 3002

File No. 36993
Registered No. 149

2. FULL NAME John W. Watson

(a) Residence No. High Hill, 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 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Sadler Watson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10th 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>2</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1/37 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1937, to Oct. 1, 1937.
I last saw him alive on Oct. 1, 1937. Death is said to have occurred on the date stated above, at High Hill.
The principal cause of death and related causes of importance were as follows:
Fractured Left Lung
Multiple Fractured Ribs
Left Phrenothorax

Date of onset
9-25-37
9-25-37
9-25-37

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-25, 1937
Where did injury occur? Greensburg, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Road Highway 40
Manner of injury In Automobile - Turned over
Nature of injury Broken ribs - fractured lung

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) E. J. T. Anderson, M. D.
(Address) Montgomery City
Coroner Montgomery County

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Traga Center N.Y.

13. NAME John Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

15. MAIDEN NAME Helen Hower

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT Miss Kate Sadler High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Mo DATE 10/4/1937

19. UNDERTAKER (ADDRESS) Corygas Bros. Montgomery City Mo

20. FILED Oct 1 - 1937 Blanche Neely Registrar

