

DEC 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Stanford
Do not use this space.
42115

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. 668Primary Registration District No. 3232(No. Bothwell Hospital)File No. 313Registered No. 668

St. _____ Ward _____

2. FULL NAME

William A. Watson(a) Residence, No. 923 West 7th.
(Usual place of abode)

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 1 8

OCCUPATION 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) Boonville
(STATE OR COUNTRY) Mo.

FATHER 13. NAME William Watson

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)

17. INFORMANT Mrs. Geo. H. Evans
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Nov. 10, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED Nov 10, 1937 Jean Clark
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 6, 1937, to Nov 9, 1937

I last saw him alive on Nov 8, 1937. Death is said

to have occurred on the date stated above, at 3:00 a.m.

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

Date of onset

Cerebral embolism -

Other contributory causes of importance:

Chronic myocarditis
arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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.

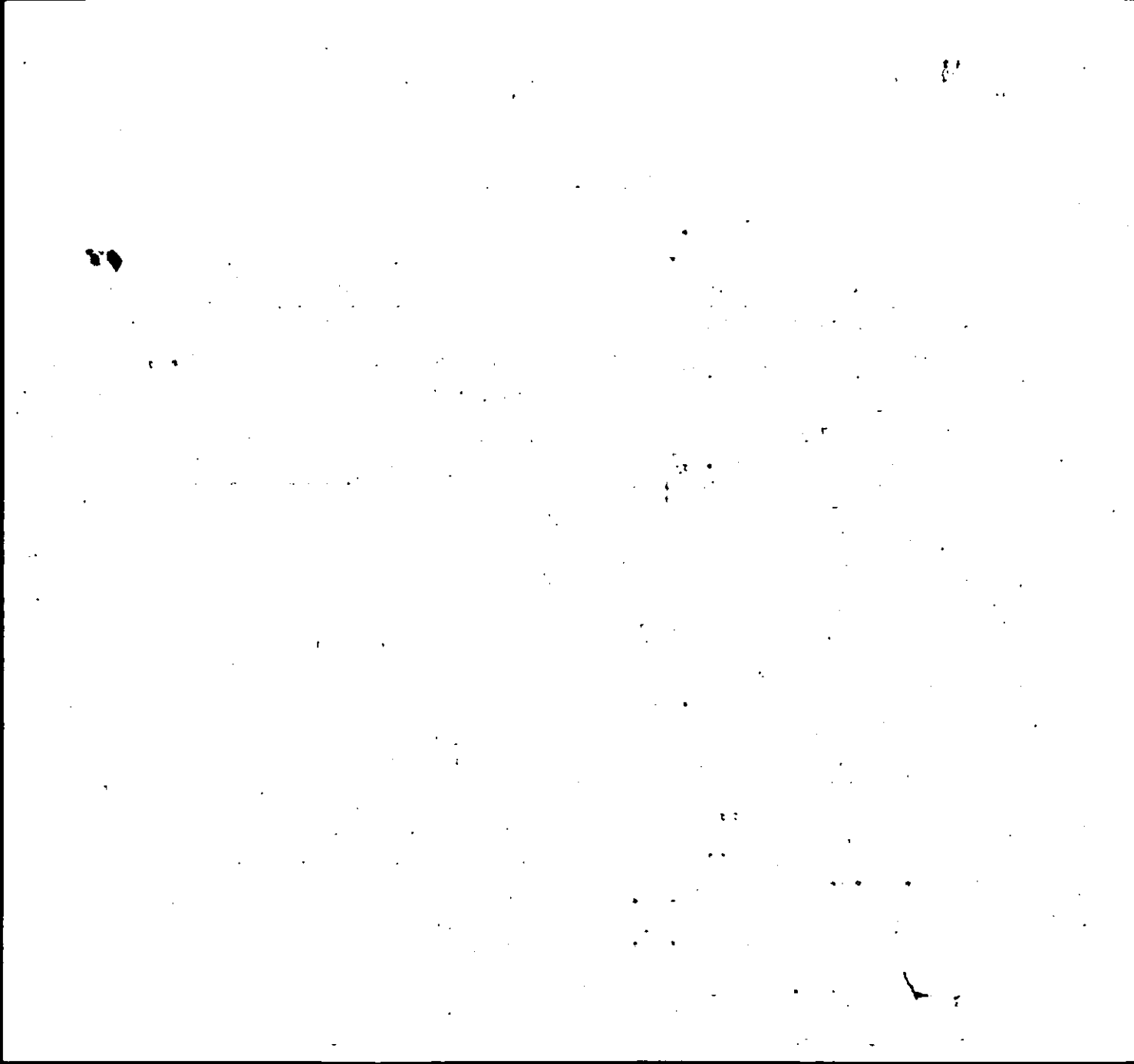
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. S. Stanford, M. D.(Address) Sedalia Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42115-

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 3032
(c) City Sedalia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 11-10 1937 James Slack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

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) C. S. Stauffer, M. D.
(Address) Sedalia, Mo.

