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.

DEC 1 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper | Registration District No. 411 | File No. 33454
Township | Primary Registration District No. 2002 | Registered No.
City Joplin (No. St. Johns Hospital St. Ward)

2. FULL NAME Elden Ray Watson
(a) Residence, No. St. Johns Hospital St., Ward. Seneca Mo Route
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1932
7. AGE YEARS 5 MONTHS 11 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
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) Racine (STATE OR COUNTRY) Missouri

FATHER
13. NAME Clova R. Watson
14. BIRTHPLACE (CITY OR TOWN) Racine (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Dora Dow Ferguson
16. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY)

17. INFORMANT Clova R. Watson (ADDRESS) Seneca Mo. R. 2
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Burkhart Cemetery DATE 11-14-1938
19. UNDERTAKER B W Bugford (ADDRESS) Seneca Mo
20. FILED 11-15 1938 Ed D James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1938, to Nov 13, 1938
I last saw him alive on Nov 13, 1938 Death is said to have occurred on the date stated above, at 4-30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diptheria	11-10

10

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) H L Wilbur, M. D.
(Address) Joplin Mo

RECEIVED
District Health Officer No. 6
District File Number 6-38-705
Date Filed DEC 8 1938