

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

14103
Do not use this space.

REC'D MAY 18 1939

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
 (b) Township 1 Primary Registration District No. 4010 Registered No. 23
 (c) City Savannah (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 Edd M. Waterson

(a) Residence, No. Savannah Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (If LESS than 1 day, hrs. or min.)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as 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) Marysville
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME America Waterson

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Ida Waterson
 (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 4-13 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Apr. 12 1939 Jennie Rash
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9 1939

I HEREBY CERTIFY, That I attended deceased from Dec 1937, to Apr 9 1939

I last saw him alive on Apr 9 1939. Death is said to have occurred on the date stated above, at 4:00 p. m.

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

Hypostatic pneumonia
aortic stenosis

Date of onset 4/6/39

Other contributory causes of importance: AJW

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) H. Z. Kelley, M. D.

(Address) Savannah Mo.

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.

27/50

RECEIVED

District File No.

District File Number 11-39-5

Filed MAY 16 1919

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. C. Breit, or by

Registered Apprentice No..... working under my personal supervision.

Signed *E. C. Breit*

Licensed Embalmer No. 2659

P. O. Address Savannah Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.