REC'D SEP 14 1939

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

29790
Do not use this space.

1. PLACE OF DEATH
(a) County Newton — Registration District No. 614
(b) Township — Primary Registration District No. 4555 — Registered No. 18
(c) City Granby — (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 Neil Watson
(a) Residence, No. Granby Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1935
7. AGE: YEARS 3 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Infant
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) (STATE OR COUNTRY): Granby Missouri — 0 0

FATHER
13. NAME: Eugene Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Granby Missouri — 1

MOTHER
15. MAIDEN NAME: Nellie Mae Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beaver City Oklahoma

17. INFORMANT (ADDRESS): Eugene Watson Granby Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Granby Mo. DATE Aug 12, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Home — Pulsen Cassville Mo.
20. FILED Aug 12, 1939 — D. E. Rollins, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him dead alive on Aug. 11, 1939. Death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cause of death unknown | |
| Probable Malnutrition | |
| Natural Causes | |

Other contributory causes of importance:
Religious belief prevented calling a Physician

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? .....
If so, specify .....
(Signed) Carley Thompson, Coroner
(Address) Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 939-1871
Date Filed SEP 12 1939

**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, .....

....., or by .....

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

Signed G. E. Cabe

Licensed Embalmer No. 3584

P. O. Address Cassville M

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

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