

PLACE OF DEATH

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

County \_\_\_\_\_

Township \_\_\_\_\_

Registration District No. 791File No. 2285or  
Village \_\_\_\_\_Primary Registration District No. 1003Registered No. 622or  
City St Louis(No. 3426 Franklin St.; 19 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jeremiah Watts

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)DATE OF DEATH January 16, 1913  
(Month) (Day) (Year)DATE OF BIRTH June 16, 1825  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 8, 1913, to Jan 16, 1913, that I last saw him alive on Jan. 16, 1913, and that death occurred, on the date stated above, at 8:45 pm.AGE 87 yrs. 5 mos.  ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?The CAUSE OF DEATH\* was as follows:  
130 General Debility  
933 Myocarditis  
1320 Chronic Depleted  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_BIRTHPLACE (City or town, State or foreign country) EnglandNAME OF FATHER Colt WattsBIRTHPLACE OF FATHER (City or town, State or foreign country) EnglandMAIDEN NAME OF MOTHER Mrs BuschBIRTHPLACE OF MOTHER (City or town, State or foreign country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. J. Watts  
(ADDRESS) 604 8th Street St. LouisFiled JAN 17 1913 Margie Starkloff  
REGISTRAR

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Arthur C. Knibball M. D.  
Jan 17, 1913 (Address) 820 N. Grand St.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Valley Cemetery DATE OF BURIAL Jan 18, 1913UNDERTAKER W. J. ... ADDRESS 4449 Chestnut

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. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

United States Standard Certificate  
of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
 REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS  
 CEIVE A FEE FOR CERTIFICATES  
 UNTIL THEY ARE COMPLETED AS  
 PRESCRIBED BY LAW. CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City \_\_\_\_\_

Registration District No. 791

File No. \_\_\_\_\_

Primary Registration District No. 103Registered No. 622

(If death occurred in a  
 hospital or institution,  
 give its NAME instead  
 of street and number)

FULL NAME

Jeremiah Watts

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

malewhitewidowd

DATE OF DEATH

Jan. 16, 1913

(Month)

(Day)

(Year)

DATE OF BIRTH

June 16, 1825

(Month)

(Day)

(Year)

AGE

87 5

yrs.

mos.

ds.

IF LESS than  
 1 day, \_\_\_\_ hrs.  
 or \_\_\_\_ min.?

I HEREBY CERTIFY, that I attended deceased from

Jan. 8, 1913, to Jan. 16, 1913,that I last saw him alive on Jan. 16, 1913,and that death occurred, on the date stated above, at 8:45 p.m.

The CAUSE OF DEATH\* was as follows:

General debilityMyocarditisuræmic nephritis

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

OCCUPATION

(a) Trade, profession, or particular kind of work

Homemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town,

State or foreign country)

England

NAME OF FATHER

Caleb Watts

BIRTHPLACE OF FATHER (City or town, State or foreign country)

England

MAIDEN NAME OF MOTHER

Anna Busch

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

England

Contributory

(SECONDARY)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) Arthur C. Kimball M.D. Jan. 17, 1913 (Address) 820 N. Grand

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Where was disease contracted if not at place of death?

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George W. Wills  
6048 Westminter Place

(ADDRESS)

Filed 3/241913 Maub Starkloff

REGISTRAR

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Valhalla Cemetery Jan. 18, 1913

UNDERTAKER

ADDRESS

C. R. Lupton 4449 Elm St.

Original file, date \_\_\_\_\_

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All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information shown should be carefully checked. AGE should be stated EXACTLY. I  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not state statement of OCCU

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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