Mc Raven

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

Do not use this space.
22294

1. PLACE OF DEATH
County Pemiscot
Township Butler
City Portageville (No. ..... St. ..... Ward)

Registration District No. 114
Primary Registration District No. 5867

File No. 13
Registered No. .....

2. FULL NAME Elmer Lee Watson

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (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

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-2-1929

7. AGE: YEARS 2 | MONTHS 5 | 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.: Child
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) (STATE OR COUNTRY): Portageville Mo

FATHER
13. NAME: Alfred J Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pemiscot Co Mo

MOTHER
15. MAIDEN NAME: Hazel Baum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Madrid Co Mo

17. INFORMANT (ADDRESS): Alfred Watson Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marston DATE 6-25-31

19. UNDERTAKER (ADDRESS): R M Payne Portageville Mo

20. FILED 6/7 1931 C A Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-25-1931

22. I HEREBY CERTIFY That I attended deceased from June 23, 1931, to June 25, 1931
I last saw him alive on June 23, 1931. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Intercalitis. Date of onset 6/19-31

120B 120

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) Claude McRaven, M. D.
(Address) Marston, Mo