

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

Do not use this space.

1768

**1. PLACE OF DEATH**

64 County Marion Registration District No. 547  
1 Township Grace Primary Registration District No. 3079  
8 City Hannibal (No. 1700) Grace Ward

File No. 19  
Registered No. 64  
St. 64 Ward

**2. FULL NAME** Oriel B. Watters

(a) Residence, No. 1700 Grace St., Grace 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway 116  
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) Woodland Missouri 1

13. NAME M. A. Watters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 2 Ohio

15. MAIDEN NAME Eva H. Smell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodland Missouri 1

17. INFORMANT Edith M. Watters (Daughter)  
(ADDRESS) Hannibal Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Olive DATE June 17, 1932

19. UNDERTAKER Wm M Smith  
(ADDRESS) 202 Brady, Hannibal, Mo

20. FILED Jan 18, 1932 6 E Cousins  
Registrar.

**3**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-19, 1931 to Jan-15, 1932  
I last saw him alive on Jan-15, 1932 Death is said

to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 1 year ago  
Myelitis- 2 or 3 years  
1919  
930 9310  
Other contributory causes of importance:  
Acute hepatitis.  
1926

Name of operation Srom Date of Jan 15, 1932  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury Jan 15, 1932  
Where did injury occur? Home  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease of injury in any way related to occupation of deceased yes  
If so, specify yes

(Signed) Wm M Smith M. D.  
(Address) Hannibal - Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1932 4 1832

