

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

Do not use this space.

9655

1. PLACE OF DEATH  
 85 County Pulaski Registration District No. 712  
 Township Liberty Primary Registration District No. 5941  
 City Haydelgreen (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Perry Watson  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Ann Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>89</u>	<u>10</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quine Man 107

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retiree 16

10. Date deceased last worked at this occupation (month and year) 60. 11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisa, Illinois

FATHER

13. NAME Joathan Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER

15. MAIDEN NAME Polley

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

17. INFORMANT (ADDRESS) Maryannell Ann Watson Haydelgreen Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Haydelgreen DATE 3-26-32

19. UNDERTAKER (ADDRESS) A. B. Zupers, Haydelgreen Mo.

20. FILED 3-25-1932 Chas. A. Oliver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-32

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1932 to March 24, 1932  
 I last saw him alive on March 24, 1932. Death is said to have occurred on the date stated above, at 12:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Broncheal pneumonia Date of onset \_\_\_\_\_  
Old age  
 Other contributory causes of importance: unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X Date of injury X, 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 X X

24. Was disease or injury in any way related to occupation of deceased? X no  
 If so, specify \_\_\_\_\_  
 (Signed) J. L. [Signature], M. D.  
 (Address) Richland 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.

APR 28 1932

