

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

Do not use this space.

1. PLACE OF DEATH

County 0014 Registration District No. 791
 Township St. Louis Mo. Primary Registration District No. 308
 City The Barred Tree and Cassin Hospital St. Washington Ward 3421

File No. 30923
 Registered No. 7556

2. FULL NAME

(a) Residence, No. William Watson St. N Ward Esberry Mo.
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 16

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

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

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) Esberry Mo.

13. NAME James Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Shuler, Wagon

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

17. INFORMANT (ADDRESS) W. B. Bradley Esberry Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Esberry Mo. DATE Sept 3 1933

19. UNDERTAKER (ADDRESS) W. B. Bradley Esberry Mo.

20. FILED SEP - 1 1933 Registrar W. B. Bradley

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/28 1933 to 9/1 1933

I last saw him alive on Sept 1st 1933. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure
Arteriosclerosis
Hypertension
Cardiac asthma
 Date of onset 7-5-33

Other contributory causes of importance:

Surgical neck dissection for malignancy
Cancer of larynx

Name of operation Neck dissection Date of 8/30/33

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? No

If so, specify _____

(Signed) Charles Ogden Dalby M.D.

(Address) Barnard St. & Hospital

WHITE 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.

SEP 20 1933

