

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

Do not use this space.

9115
1312

APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 380
Township Rail Primary Registration District No. 71
City Kansas City (No. New Hospital) St. _____ Ward _____

2. FULL NAME

Mathew Am Watson
(a) Residence, No. 917 1/2 E 15 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Reahed Watson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 2

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

13. NAME Chauncey Griffith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Ann Green

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

17. INFORMANT (ADDRESS) son, Charles Watson 610 Norton

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 7/23 1934

19. UNDERTAKER (ADDRESS) Keller Bros K C Mo

20. FILED Apr 25 1934 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/34
22. Hypertension that attended deceased from _____, 19____
Last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.

The principal cause of death and related causes of importance were as follows:
Scand and Chd
hypertension of ans
age and drink
Other contributory causes of importance: no
House did not burn
no

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, _____ Date of injury _____
Where did injury occur? 917 1/2 E 15th St Kansas City
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Choking by gas
Nature of injury gas

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
(Address) [Signature]

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.

OCCUPATION

MOTHER FATHER

