

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

Do not use this space.

**1. PLACE OF DEATH**

County Webster  
Township Jackson  
City (No. ....) .....

Registration District No. 896.899  
Primary Registration District No. 6205

File No. 22984  
Registered No. 25  
St. .... Ward)

**2. FULL NAME**

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara K. Watters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 26-1886</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>9</u>	DAYS <u>4</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	11. Total time (years) spent in this occupation .....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) .....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Marshall Mo

MOTHER FATHER  
13. NAME Thos J. Watters

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

15. MAIDEN NAME Melissa Platt

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

17. INFORMANT J. Russell Watters  
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Marshall Mo DATE July 1st 1934

19. UNDERTAKER McMahan Funeral Home  
(ADDRESS) Marshall, Mo

20. FILED July 10, 1934 Elizabeth Highfill  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY that I attended deceased from June 30, 1934 to June 30, 1934  
I last saw him alive on June 30, 1934. Death is said to have occurred on the date stated above at 11:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocardial infarction  
of heart  
Other contributory causes of importance  
92A AT

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 W. F. Schlicht, M. D.  
(Signed) W. F. Schlicht  
(Address) New York Mo

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.

JUL 24 1934

