

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Township Registration District No. 384
Township West Plains Primary Registration District No. 4227
City West Plains (No. _____) St. _____ Ward _____

File No. 6089
Registered No. _____

2. FULL NAME William Watson Watts

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MA</u>	4. COLOR OR RACE <u>WHT</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWER</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Nancy E Watts</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG 21-1858</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>78</u>	<u>5</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter Restaurant</u>
	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) Fulton Co., Ark.

13. NAME unk -

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

15. MAIDEN NAME Sally Langston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk -

17. INFORMANT (ADDRESS) Robert Watts, 1755 West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 2-2-11 1937

19. UNDERTAKER (ADDRESS) Robertson's West Plains, Mo.

20. FILED 2-10 1937 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3rd 1937, to Feb 8th 1937
I last saw him alive on Feb. 8th 1937. Death is said to have occurred on the date stated above, at 2:20 a.m.

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

Influenza - Date of onset _____

Other contributory causes of importance: 11 B

Hiccoughs. 2 wks.

Name of operation no op. Date of _____
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? _____ 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) Art. Thayer by H., M. D.
(Address) West Plains, Mo.

Therapist of H

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.

