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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 35346

Township [illegible] — Primary Registration District No. 6248B — Registered No. 397

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME William E. WATT

(a) Residence, No. 1416a Franklin Ave. St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. ow ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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) July 24, 1893

7. AGE: 44 YEARS, 2 MONTHS, 1 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tombstone, Arizona

FATHER

13. NAME George R. Watt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tombstone, Arizona

MOTHER

15. MAIDEN NAME Jenny I. Benchoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesborough Pennsylvania

17. INFORMANT (ADDRESS) Clinical Clerk M. Schillig Vet. Adm. Fac., Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Sept. 28, 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 So. B'way, St. Louis, Mo.

20. FILED Sept 28 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1937, to September 25, 1937

I last saw him alive on September 25, 1937. Death is said to have occurred on the date stated above, at 5:43 p.m.

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

	Date of onset
Pellagra, complicated by psychosis	Unkn.
Other contributory causes of importance:	
Alcoholism, chronic	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Clinical manifestations, laboratory and autopsy findings Was there an autopsy? Yes

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

(Signed) [signature] C. HUGHES, M. D.

(Address) Chief Med. Officer, Vet. Adm. Fac., Jefferson Barracks, Mo.