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.

MAR 20 1939

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

6828
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 411
(b) Township or City Joplin — Primary Registration District No. 2002 — Registered No.
(c) (d) Street No. 707 Hill St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles J. Watson
(a) Residence, No. 707 Hill St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [illegible]
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1895
7. AGE YEARS 44 MONTHS 1 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as 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) Prosperity Mo

FATHER
13. NAME Thomas W. Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Melissa Coats
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Melissa Watson Joplin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 3-13-39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hurlbut Und Co Joplin Mo
20. FILED 3-13, 1939 Ed D James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-29-, 1937, to 3-9, 1939
I last saw him alive on 3-9, 1939 Death is said to have occurred on the date stated above, at 4-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Silicosis	

Other contributory causes of importance:

Name of operation Spinal Date of
What test confirmed diagnosis? X-ray 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 Lead & Zinc mine
(Signed) [illegible], M. D.
(Address) Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. ~~Jof~~ 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.