

REC'D MAR 16 1939

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

7921

Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
(b) Township Marshall Primary Registration District No. 3038
(c) City Marshall (d) Street No. _____ Registered No. 38
(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 GEORGE OLIVER WATSON

(a) Residence, No. W. Boyd St. St. (If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Van Buskirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as saw mill, bank, etc. Light Plant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) X
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Jacob Watson
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. G.O. Watson
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem. DATE Feb. 28, 1939

19. FUNERAL DIRECTOR J.I. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 2-27-39 Mary Kent
Dep. of Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1938, to Feb 26, 1939
I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset 1930
Arterial Sclerosis

Other contributory causes of importance: 97

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical rather than 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) M. D.

(Address) Marshall, Mo.

