REG'D APR 18 1939

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

Do not use this space.

File No. 9962

Registered No. 1

1. PLACE OF DEATH
County: Bates
Registration District No. 52
Township:
Primary Registration District No. 4031
City: Merwin (No. ..., St. ..., Ward)

2. FULL NAME: DeRoy Watson

(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza Watson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12, 1854

7. AGE: Years 85 | Months 0 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel man
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): Unk Ky.

FATHER
13. NAME: Felson Watson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk Ky.

MOTHER
15. MAIDEN NAME: ------ Harmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk Ky.

17. INFORMANT (ADDRESS): Vernie Watson Merwin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jinpo DATE: 3-24-39, 19

19. UNDERTAKER (ADDRESS): Archer & Mangold Amsterdam

20. FILED 3-23, 1939. Mrs. Will Tucker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, '39

I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to March 21, 1939

I last saw him alive on March 14, 1939. Death is said to have occurred on the date stated above, at 2:40 a.m. P.M.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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) Earl Hartford, M. D.
(Address) Drexel, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

20M-2-19-38 1 X7294

RECEIVED
District Health Officer No. 7,
District File Number 7-39-S-25
Date Filed 4-12-39