

APR 20 1939

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

12052
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 3005 Registered No. 214
(c) City Richmond Mo. (d) Street No. _____ 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: Alonzo H. Watson

(a) Residence, No. Richmond Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 WIFE OF Josephine Blair
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 nd. 1888
7. AGE YEARS 50 MONTHS 7 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
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) Richmond Mo.
(STATE OR COUNTRY) Ray Co.

13. NAME John Watson

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

15. MAIDEN NAME Dora Stevens

16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Mrs. Alonzo Watson
(ADDRESS) Richmond

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunny Slope DATE Mar. 1st. 1939

19. FUNERAL DIRECTOR Brothers Funeral Home
(ADDRESS) Richmond Mo.

20. FILED Mar 31 1939 Wm. J. Jackson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 39
22. I HEREBY CERTIFY, That I attended deceased from 2-27 39 to 2-27 39
I last saw him alive on 2-27 39 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

apoplexy Date of onset 2-27-39
arterio-sclerosis?
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. 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) Geo. J. Cook, M. D.
(Address) Richmond Mo

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

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.

1 X12004
50M-7-20-37

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/17/01

STATEMENT BY LICENSED EMBALMER

I, J.B. Brothers, Licensed Embalmer No. 2001

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Brothers Funeral Home
By J.B. Brothers
Licensed Embalmer No. 2001

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