REC'D MAY 22 1939

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

14230
Do not use this space.

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1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 81 4049
(b) Township Primary Registration District No. 51-2-2 Registered No. 6
(c) City DeKalb, (d) Street No. DeKalb, Missouri, 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 325 James H. Watson,
(a) Residence, No. DeKalb, Missouri, 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: 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: Emma Bundy Watson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1865
7. AGE: YEARS 73 MONTHS 10 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stonemason,
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) April 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rushville, Missouri,

FATHER
13. NAME: J.M.Watson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER
15. MAIDEN NAME: Nancy Elliott,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rea, Missouri,

17. INFORMANT (ADDRESS): Mrs Iva Clinkenbeard DeKalb, Missouri,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn Cem. DATE April 13, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Belgale & Bowne St. Joseph, Mo. Funeral Home
20. FILED 4/12 1939 O D Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939, to Apr 10, 1939
I last saw him alive on Apr 10, 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of stomach	1938

46

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Usual test 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) E. B. McAdow, M. D.
(Address) DeKalb Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number 39-577
Date Filed MAY 20 1939

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 Apr. 10, 1939

....., or by ✓

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Cunningham

Licensed Embalmer No. 3007

P. O. Address 319 South St Joseph

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.)

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