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.

REC'D JUN 19 1939

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

Do not use this space.

1. PLACE OF DEATH

8 County Benton, 2 Registration District No. 59 File No. 17981

Township ~~West~~ Cole, 1 Primary Registration District No. 5099 Registered No. 10

City ~~Lincoln~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME 325 James Oliver 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) widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 26 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer,

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) Boonville Mo, 0

FATHER

13. NAME Jessie Watson, 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Elizibeth Shoemaker 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know,

17. INFORMANT (ADDRESS) Irven Watson, Lincoln Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Williams Ceme, DATE May 10 1939

19. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo

20. FILED May 13, 1939 Sue Selover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 1939. Death is said to have occurred on the date stated above, at 11-30 A.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: 23'

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) [signature], M. D.

63 (Address) Warsaw, Mo.

RECEIVED
District Health Officer No
District File Number 7-39-8
Date Filed 6-2-39