

AUG 11 1939

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

26613
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
(b) Township..... Primary Registration District No. 4438 Registered No.....
(c) City Huntsville (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

WILLIAM HENRY WATSON
(a) Residence, No. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
83 1 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unmate of County Infirmary
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) (STATE OR COUNTRY) Lancaster Ky

FATHER
13. NAME Russell Crawford Watson

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

MOTHER
15. MAIDEN NAME Jessie Jane Alvison

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

17. INFORMANT (ADDRESS) Charles J. Watson
Stewardsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clatsburg Mo DATE July 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom P. Patton
Huntsville Mo

20. FILED Aug-1-1939 Mo. D.A. B. Winkhart
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939 to July 5, 1939

I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 11 P. M.
The principal cause of death and related causes of importance were as follows:

C.A.D. Caecum with metastases to liver Date of onset D.K.

Other contributory causes of importance: Senility 46

Name of operation none Date of.....
What test confirmed diagnosis? Exam 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) Philip D. Greer, M. D.

(Address) Huntsville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 8-29-1377

Date Filed AUG 4 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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

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