

2380 SEP 12 1939

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

Do not use this space.

29957

1. PLACE OF DEATH

County Pike Registration District No. 689  
Township Blue Primary Registration District No. 3033  
City Louisiana, Mo. (N. Mindol Spring San) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Bobby Ray Watts

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) City (If nonresident, give city or town and State)

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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Still born

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.  
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) Louisiana, Mo

13. NAME Robert Watts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana, Mo.

15. MAIDEN NAME Fern Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia, Mo

17. INFORMANT (ADDRESS) Fern Watts Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 8/9 1939

19. UNDERTAKER (ADDRESS) F. O. ... Louisiana Mo

20. FILED 8/8 1939 F. O. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-39 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1939, to 8-8 1939

last seen alive on 8-8-39 Death is said to have occurred on the date stated above, at 8: A.m.

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

Stillborn due to suffocation

Other contributory causes of importance: prolapsed cord.

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) J. P. ... M. D.  
(Address) Louisiana

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. 10

District File Number 9-39-1541

Date Filed SEP 6 1939