

NOV 7 1939

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

36780
Do not use this space.

1. PLACE OF DEATH
 (a) County Wodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 133
 (c) City or Maryville (d) Street No. 1401 East 3rd St. 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 2 yrs. 7 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME George William Watson
 (a) Residence, No. 1401 East 3rd 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 HUSBAND OF (OR) WIFE OF
1. Mae Smith
2. Minnie West
3. Anne Beatrice Stafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 10

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

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

10. Date deceased last worked at this occupation (month and year) 10-4-39 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmo Mo.

13. NAME John Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elmo Mo.

15. MAIDEN NAME Walters

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

17. INFORMANT Mrs. Anna B. Watson (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE College Springs, Iowa DATE 10/8/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home
951 South Main St., Maryville, Mo.

20. FILED Oct-6-39 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

First saw him alive _____, 19____. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:
Found dead in bed
Probably coronary thrombosis 10/5

Other contributory causes of importance:
Carbuncle on nape six weeks ago

Name of operation none Date of _____
 What test confirmed diagnosis? none 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) Chas. D. Humbert, M.D.
 (Address) Cor. Wodaway Co., Mo.

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 FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE.....

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.....

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

Signed *William Campbell*
Licensed Embalmer No. *21630*
P. O. Address *Mayville Mo.*

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.