

JAN 15 1938

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

44598
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
 (b) Township Butterfield Primary Registration District No. 6240 Registered No. 41
 (c) City Butterfield (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Butterfield 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. Elementary School
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pittsburg, County
 (STATE OR COUNTRY) Oklahoma

FATHER 13. NAME Tom Watson

14. BIRTHPLACE (CITY OR TOWN) Jefferson County
 (STATE OR COUNTRY) Alabama

MOTHER 15. MAIDEN NAME Verden Moore

16. BIRTHPLACE (CITY OR TOWN) Denton County
 (STATE OR COUNTRY) Texas

17. INFORMANT Tom Watson
 (ADDRESS) Butterfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Pleasant DATE 17/3/38 1937

19. FUNERAL DIRECTOR Homer - Cullen
 (ADDRESS) Cassville Mo

20. FILED Dec 22, 1937 Donald Blankenship
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1937

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

accident
Killed by truck
210 PM
 Other contributory causes of importance: Walking on Highway

Name of operation (no inquest) Date _____
 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? Accident Date of injury 11-30-37
 Where did injury occur? Along Highway 31, Butterfield, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Hit by truck
 Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify none
 (Signed) Alfred Callaway
 (Address) Monett 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)