

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

Do not use this space.

1. PLACE OF DEATH
 County Howard, Registration District No. 878
 Township Fayette, Primary Registration District No. 4222
 City Fayette, (No. _____) St. _____ Ward _____

2. FULL NAME Newt Wasson,
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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.

File No. 21267
 Registered No. 53-

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) 3/9/1882

| AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-----------|-----------|----------|-----------|----------------------------------|
| <u>46</u> | <u>49</u> | <u>3</u> | <u>22</u> | <u>21</u> |

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

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) Missouri.

13. NAME Clay Wasson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas,

15. MAIDEN NAME Unknown

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

17. INFORMANT JOE LAWSON,
 (ADDRESS) ██████████

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hackley Cemetary DATE 7/2/31

19. UNDERTAKER Guy T. Halley,
 (ADDRESS) Fayette, Mo.

20. FILED 7-10-31 J. O. Burkham
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30/31 1931

22. I HEREBY CERTIFY That I attended deceased from June 30, 1931, to June 30, 1931.
 I last saw him alive on June 30, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Thermic fever Date of onset 6-30-31
191
191
 Other contributor cause of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? Thermic fever 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) Wm. J. Shaw, M. D.
 (Address) Fayette, Mo.

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.

JUL 25 1931

43
2
4

