

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

Do not use this space.

26367

667201928

PLACE OF DEATH

County Jackson Registration District No. 349
 Township Boyer Primary Registration District No. 1008 File No. 3515
 City Boyer, Mo. (No. General Hospital #28 St. 3rd Ward)

2. FULL NAME John Waskins
 (a) Residence, No. 2434 Walnut 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 8- 12

OCCUPATION
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. Labor.
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) Macon, Miss.

MOTHER FATHER
13. NAME John Waskins

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

MOTHER
15. MAIDEN NAME Louisa Jane Pawley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Miss.

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blue Ridge Lawn DATE 9-6 1933

19. UNDERTAKER (ADDRESS) Boyle Bros 1708 Tracy

20. FILED 9-5 1933 M. M. Crane Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31 1933
22. I HEREBY CERTIFY, That I attended deceased from 8-25 1933 to 8-31 1933
 I last saw him alive on 8-31 1933 Death is said to have occurred on the date stated above, at 8:00 AM.
 The principal cause of death and related causes of importance were as follows:

Pathological fracture
of left femur
with dry gangrene
of the foot
 Date of onset _____
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc Date of injury unk 1933
 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 Unknown
 Nature of injury Unknown

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. O. Lough M. D.
 (Address) General Hosp. #2

22 22 202

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

