

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

Do not use this space.

36114

1. PLACE OF DEATH

County... Wasson Registration District No. 283
 Township... 3rd Primary Registration District No. 5402
 City... Wasson (No. _____) St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Thompson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 11 - 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Miss.

13. NAME McC

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

15. MAIDEN NAME McC.

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

17. INFORMANT Lucy Owen (ADDRESS) Wasson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Cemetery DATE 11-5, 1933

19. UNDERTAKER M. J. Hamilton Funeral (ADDRESS) Wasson Ave

20. FILED 11-3- 1933 E. J. Bass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3 - 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct - 26, 1933 to Nov. 3 - 1933
 I last saw him alive on Nov. 3, 1933. Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Impure air.
11B
H 10 L
 Other contributory causes of importance:
 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) E. J. Bass, M. D.
 (Address) Wasson Ave

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.

1934

