

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.

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

Do not use this space.

21460

1. PLACE OF DEATH

County Pottaw
Township Cedar
City Sedalia

Registration District No. 668Primary Registration District No. 5-894(No. RFD # 4)

File No. 194
Registered No. 668
St. _____ Ward _____

2. FULL NAME

Camelia Elizabeth Wasson

(a) Residence, No. RFD # 4
(Usual place of abode)

St. _____ Ward _____

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

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

John Wasson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 6 24

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

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) Ky.

13. NAME Chas. Burnett

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

15. MAIDEN NAME Susan Disney

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

17. INFORMANT John Wasson
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Herman DATE June 7 1934

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 6-7- 1934 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from our June 5, 1934 to _____, 19____

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Educoaritis

Date of onset

Other contributory causes of importance: nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?

If so, specify _____ (Signed) W. H. Snowley, M. D.

(A)

OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY, N.Y.
JAN 1 1907

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JAN 1 1907

NEW YORK

STATE OF NEW YORK

1907

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STATE OF NEW YORK
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STATE OF NEW YORK
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,

Special Agent,

Jefferson City, Mo.

194

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Camelia Elizabeth Warson
Who died at _____ on June - 5 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W ~~Single~~, married, widowed or divorced: _____

Date of birth _____ Age: Years 56 Months 6 Days 24

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Endocarditis **131**

Other contributory causes of importance Nephritis - chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 668

Primary Reg. Dist. No. 5894

E. T. McGaugh, M.D.
Special Agent. mk

S-21460