

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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade  
Township Canaan  
City Owensville (No. \_\_\_\_\_)

Registration District No. 305  
Primary Registration District No. 4184

File No. 24059  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josephus Wasegan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18 - 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Franklin Co Missouri</u>		
MOTHER	13. NAME <u>Rev William Bridges</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Virginia Snoddy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Talitha Spake</u> (ADDRESS) <u>St James Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St James Cemetery</u> <u>July 16 1934</u>		
19. UNDERTAKER <u>Wm H. H. H.</u> (ADDRESS) <u>Owensville Mo</u>		
20. FILED <u>D-27</u> 19. <u>34</u> <u>J. J. Ferrell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1934

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to July 14, 1934  
I last saw her alive on July 14, 1934 Death is said to have occurred on the date stated above, at 4:00 PM  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterio Sclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 3/7/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) William H. H. H., M. D.  
(Address) St James Mo

