

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.

NOV 26 1935

33686

1. PLACE OF DEATH

County Ralls
Township Center
City _____ (No. _____)

Registration District No. 725
Primary Registration District No. 5-95-6

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Donald Wasson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Oct 11 1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

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. -----
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) Ralls Co Mo13. NAME Neal Wasson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Neva Cowden16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Neal Wasson
(ADDRESS) Center Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Center Cemetery DATE 10/13/3519. UNDERTAKER Giles R Hulse
(ADDRESS) Center Mo20. FILED Oct-18, 1935 J. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 193522. I HEREBY CERTIFY, That I attended deceased from Oct. 11 - 1935 to Oct. 12 - 1935

I last saw him alive on Oct. 12, 1935 at 10:30pm Death is said to have occurred on the date stated above, at 10:30pm
The principal cause of death and related causes of importance were as follows:

Congenital Cardiac disease
Patulous Foramen Ovale
Date of onset _____

Other contributory causes of importance:

Pulmonary congestion
due to prolonged labor
without medical attention

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____

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. Howell D.D. M.D.
(Address) Perry - Mo.

