

MAR 16 1936

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

Do not use this space.

7279

1. PLACE OF DEATH

County Ralls
Township Jefferson
City Jefferson (No. _____)

Registration District No. 912
Primary Registration District No. 5960 B

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Manda C Wasson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Wasson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27 - 1868</u>		
7. AGE <u>68</u>	YEARS <u>2</u>	MONTHS <u>27</u>
DAYS <u>27</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>Housekeeping</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 <u>all life</u>

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>Thomas Evans</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
15. MAIDEN NAME <u>Catherin Butler</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

17. INFORMANT (ADDRESS) <u>Ray Wasson Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ward 26</u> DATE <u>Feb 26</u> <u>58</u>
19. UNDERTAKER (ADDRESS) <u>W. S. N. Co. Hannibal Mo</u>
20. FILED <u>2/29</u> 1936 <u>Carrie F. Utterback</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 193622. I HEREBY CERTIFY, That I attended deceased from Nov, 1935, to Feb 24, 1936I last saw him alive on Feb 22, 1936. Death is saidto have occurred on the date stated above, at 1:18 m.

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

Cancer of bladder
Intestinal obstruction

Date of onset
1935

Other contributory causes of importance:

Cancer of bladder
53

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? no

If so, specify _____

(Signed) A. L. Shaw, M. D.(Address) Hannibal Mo

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.

