

MAY 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

16506

1. PLACE OF DEATH

County Halls
 Township Jackson
 City Center Mo R.F.D.

Registration District No. 727
 Primary Registration District No. 5-960
 (No. Center Mo R.F.D.)

File No. 12
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Center Mo R.F.D. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. 16 mos. 0 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1913

7. AGE YEARS 23 MONTHS 6 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
 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) Perry Mo.

13. NAME John Wasson

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

15. MAIDEN NAME Elmer Meyers

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

17. INFORMANT (ADDRESS) Kenneth Wasson
Macomb, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Sum Chapel DATE April 15, 1936

19. UNDERTAKER (ADDRESS) Glyde C. Wilbey
Perry Mo

20. FILED 4-15-36 Proctor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to April 7, 1936.
 I last saw him alive on April 13, 1936. Death is said to have occurred on the date stated above, at 7:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
85221

Other contributory causes of importance:

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? no
 If so, specify _____
 (Signed) R. O. Suter M. D.
 (Address) Perry Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

