

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.

AUG 24 1936

27430

1. PLACE OF DEATH

County *Morgan*
Township *Morgan*
City *Versailles* (No. _____) St. _____ Ward _____

Registration District No. *598*
Primary Registration District No. *4355*

File No. _____
Registered No. *42*

2. FULL NAME

Christine Wassung Conover

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 *FM* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 15-1871*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>64</i>	<i>9</i>	<i>1</i>	

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) *Versailles, Mo*

13. NAME *John Wassung*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Mary Harms*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *On Atlantic Ocean en route to America*

17. INFORMANT *Eva M Goodman* (ADDRESS) *Versailles, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Versailles* DATE *July 17, 1936*

19. UNDERTAKER *W. F. Kidwiler* (ADDRESS) *Versailles, Mo*

20. FILED *July 16, 1936* *W. E. Hullett* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16, 1936*

22. I HEREBY CERTIFY That I attended deceased from *Nov 14, 1934* to *July 16, 1936*

I last saw her alive on *July 5, 1936* Death is said to have occurred on the date stated above, at *7:30 A.M.*

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

Organic heart disease, 2 yrs ago - 9562
Heat exhaustion
Date of onset *few days*

Other contributory causes of importance:
Heat exhaustion

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?
If so, specify _____
(Signed) *W. G. Gunn*, M. D.
(Address) *Versailles Mo*

