SEP 28 1936

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

Do not use this space.

30263

1. PLACE OF DEATH
County Christian
Township ~~Porter~~
City Nixa (No. ..... , ... St. ..... Ward)

Registration District No. 183
Primary Registration District No. 4109

File No. .....
Registered No. 18

2. FULL NAME Ella Alice Wasson.
(a) Residence, No. Nixa, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Wife of W.B.Wasson, M.D.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1866.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Greene Co. Mo.

FATHER
13. NAME Wm. E. F. Keltner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jiles Co. Tenn.

MOTHER
15. MAIDEN NAME Mary C. Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jiles Co. Tenn.

17. INFORMANT (ADDRESS) W.B.Wasson Nixa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glenn Cemetery DATE Aug. 31, 1936

19. UNDERTAKER (ADDRESS) Maples & Harding Clever & Nixa, Mo.

20. FILED Sept. 16, 1936 Ida B. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1936 to Aug. 26, 1936
I last saw Em alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia.	8-14-36
Pneumonia - Bronchial	8-24-36

Other contributory causes of importance: Bronchial Asthma. [illegible] 8/36

10 [illegible]

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) Ronald F. Elkins, M. D.
(Address) Springfield Mo.

N.B.—Every item of information should be carefully supplied. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.