

APR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County WashburnRegistration District No. 264Township WashburnPrimary Registration District No. 5369City Washburn (No. 1)File No. 11737Registered No. 11737 St. Washburn Ward 1

2. FULL NAME

(a) Residence, No. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 5 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A/ IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Daffron6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1858

7. AGE

YEARS 78MONTHS 4DAYS 15If LESS than 1 day, 0 hrs. 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework10. Date deceased last worked at this occupation (month and year) Jan 3-193711. Total time (years) spent in this occupation 7812. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER FATHER

13. NAME Wm. Hawman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Eliza Barilodal16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT

(ADDRESS) Wm. Hawman

18. BURIAL, CREMATION, OR REMOVAL

PLACE UncladDATE 3-20-37

19. UNDERTAKER

(ADDRESS) R. H. Taggart20. FILED 3-20-37

1937

Mrs. Kuebler Dunn

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar -18-193722. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to March 18, 1937I last saw him alive on March 18, 1937 Death is saidto have occurred on the date stated above, at 6:30 p.m.

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

Hemiplegia

Date of onset

Sequela to cerebral hemorrhage

Other contributory causes of importance:

Arterio Sclerosis with HypertensionName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1937Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) Dr. A. P. Reynolds(Address) Washburn, Mo.

100-443887-100

80

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.

1. PLACE OF DEATH

County Reynolds
Township Grant
City (No.)

Registration District No. 264
Primary Registration District No. 3367

File No. 11737
Registered No.

2. FULL NAME

Mary Emeline Waffron
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 17

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 22 1937 Mrs. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Semiplegia Date of onset

Other contributory causes of importance:

Signeta to burial
the marriage

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) D. P. P. Reynolds M. D.

(Address) Marionville Mo.

5-11737