

OCT 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34977

1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 265

Township

Primary Registration District No. 3032Registered No. 668City Sedalia(No. 1)

St.

Ward

2. FULL NAME

(a) Residence, No. 21410 S OakSt. Mo.

Ward.

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Jan 31, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

1918

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)

Sedalia, Mo.

FATHER

13. NAME

Jose J. Wasson

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

Sedalia Mo.

15. MAIDEN NAME

Beitha Bradley

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

Sedalia Mo.

17. INFORMANT (ADDRESS)

J. J. Wasson Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE 9-21-1937

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros Sedalia

20. FILED

9/21/37James Black

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9-19-1937

22. I HEREBY CERTIFY That I attended deceased from

9-17-1937 to 9-19-1937I last saw him alive on 9-19-1937 Death is saidto have occurred on the date stated above, at 4a.m.

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

Scald, third degreeOne third of bodysurface

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? blow Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury 9-17-1937Where did injury occur? his home Sedalia

(Specify city or town, county, and State)

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

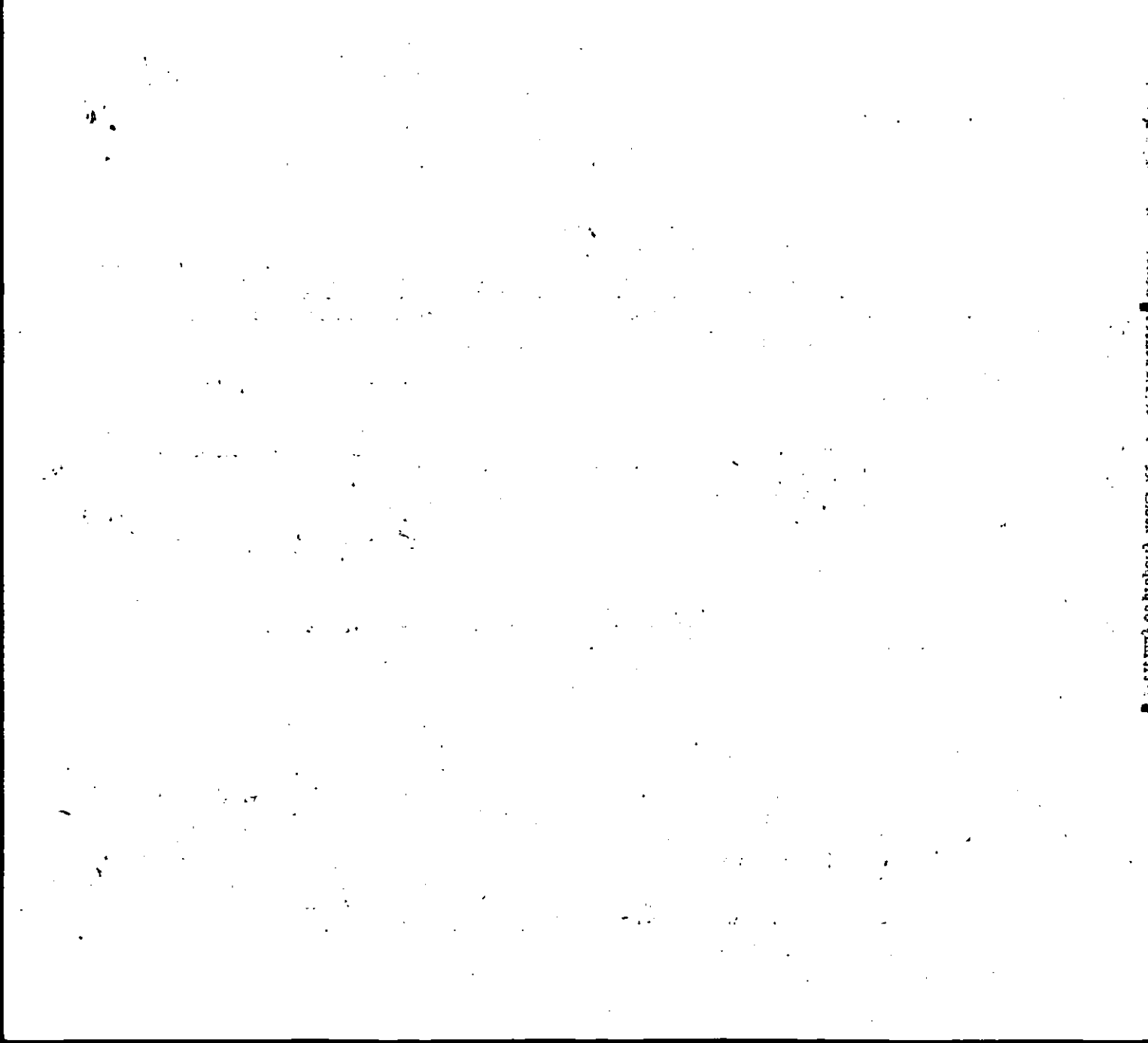
Manner of injury fell in bucket ofNature of injury hot water scald

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. E. Best M. D.(Address) Sedalia 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.



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
 Township Sedalia
 City Sedalia (No.)

Registration District No. 668
 Primary Registration District No. 2032

File No. 34977
 Registered No. 265
 St. Ward)

2. FULL NAME

Henry Eugene Wasson
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (Write the word)

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.
19 18

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. UNDERTAKER (ADDRESS)

20. FILED 9-21 19 37 John Slack Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw him 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:

Date of onset

Other contributory causes of importance:

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. E. Bass, M. D.

(Address) Sedalia mo

5-34977