

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ralls
 Township Juster
 City (No.)

Registration District No. 912
 Primary Registration District No. 59606

File No. 11856Registered No. 13 St. Ward

2. FULL NAME

(a) Residence, No. Henry A. Wasson

St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie A. Wasson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1878
 7. AGE YEARS 75 MONTHS 11 DAYS 21 If LESS than 1 day, hrs. 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.
 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) MO13. NAME Wasson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME Dr. Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "17. INFORMANT Ray Wasson (ADDRESS) Wardensburg, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wardensburg DATE 3-12-3819. UNDERTAKER W. H. Myers (ADDRESS) Wardensburg, Mo.20. FILED Mar. 14, 1938 Carrie F. Adcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938, to March 9, 1938I last saw him alive on March 9, 1938. Death is saidto have occurred on the date stated above, at 1 A. M.

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

Date of onset

Myocarditis3/8/38

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Urg. Exam. 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

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)

27 (Address)

P. H. Brooke 3 M. D.
Center, 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.

