REC'D DEC 21 1938

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

Do not use this space.

File No. 38477

Registered No.

1. PLACE OF DEATH
County: Atchison
Township: Clark
City: Fairfax, Mo. (No. ..... St. ..... Ward)
Registration District No. 17
Primary Registration District No. 4011

2. FULL NAME: Mrs. Eliza Jane Rasco

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 51 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Logan Rasco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 15-1853

7. AGE: Years 85 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-keeper
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): Sydney, Iowa

FATHER
13. NAME: Robert Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: R. C. Green (ADDRESS) Fairfax Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Sydney, Ia Cemetery DATE: Nov. 7, 1938

19. UNDERTAKER: H. H. Schooler (ADDRESS) Fairfax Mo

20. FILED: 11-7, 1938 Hattie B. Black, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1936, to 11-3, 1938
I last saw her alive on 11-4, 1938. Death is said to have occurred on the date stated above, at 8:47 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Vulvular Heart Disease	Feb 1936

Other contributory causes of importance: None

Name of operation: None 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) Owen Hunter M. D.
(Address) Fairfax 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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