

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

REC'D FEB 25 1939

Bishop

Do not use this space.

1. PLACE OF DEATH

County Pettis  
Township Longwood  
City Sedalia R.R. #4

Registration District No. 6268  
Primary Registration District No. 3595  
(No. Sedalia R.R. #4)

File No. 3477  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Louise Wasson

(a) Residence, No. Sedalia R.R. #4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. mos. 1 da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Thomas H. Wasson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1867  
7. AGE YEARS 81 MONTHS 3 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Hopedale (STATE OR COUNTRY) Boonesboro Mo.

13. NAME B. F. Earnest

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

15. MAIDEN NAME Sarah Queen

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

17. INFORMANT Mrs Queen Wasson (ADDRESS) Sedalia R.R. #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopedale DATE Jan. 26 - 1939

19. UNDERTAKER McLaughlin Bros 906 (ADDRESS) Sedalia Mo.

20. FILED Jan. 26 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 19 39

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1938, to Jan 1939. I last saw him alive on Jan 23 1939. 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:

Senility  
Date of onset \_\_\_\_\_

Other contributory causes of importance: Chronic Pulmonary Tuberculosis

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? no Date of injury \_\_\_\_\_, 1939. 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 no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) V. J. Bishop M. D.  
(Address) Sedalia Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1/8/39