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.

REC'D FEB 16 1939

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

Do not use this space.

4179

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039 — Registered No. 18
City Nevada (No. , St. Ward)

2. FULL NAME Mrs Mittie E. Wainscott
(a) Residence, No. 529 S. Cedar 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. J. Wainscott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 4th, 1860
7. AGE: YEARS 78 — MONTHS 5 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Lexington, Mo.

FATHER
13. NAME: Richard Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Mary Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): W. J. Wainscott, Nevada, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Burial Park 1-20 1939
19. UNDERTAKER (ADDRESS): Eichinger Funeral Home, Nevada, Mo.
20. FILED 1-20 1939 Allen V Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/18 39

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938, to Jan 18 1939
I last saw her alive on 1/18 1939 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis with sudden dilatation
Date of onset
Other contributory causes of importance: Arteri-Sclerosis
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? No
If so, specify
(Signed) J. M. Yates, M. D.
(Address) Nevada Mo

RECEIVED
District Health Officer No. 7
District File Number 7-39-21
Date Filed 2-9-39