

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Madawson  
(b) City or town Manassas Mo  
(c) Name of hospital or institution St Francis  
(d) Length of stay: In hospital or institution 18 days  
In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madawson  
(c) City or town Conception Jet  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ADELINE WASKER 200

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wasker 6. (c) Age of husband or wife if alive 9 years  
7. Birth date of deceased (Month) 9 (Day) 5 (Year) 1872

8. AGE: Years 67 Months 10 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ash Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Josiah Miller

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Virginia Jones

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Frank Wasker (b) Address Conception Jet Mo

17. (a) \_\_\_\_\_ (b) Date thereof 7-30-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conception Jet Mo

18. (a) Signature of funeral director Proctor & Cramer (b) Address Conception Jet Mo

19. (a) 7-29-40 (b) Manuel E. Cuddy (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 10, 1940, to 7-28, 1940; that I last saw her alive on 7-27-40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 6

Due to Post operative 7-17-40  
operation for partial bowel  
Due to obstruction and repair  
post operative hemorrhage  
Other conditions: 17  
(Include pregnancy within 3 months of death)

Major findings: adhesions of peritoneum  
Of operations hemorrhage  
Of autopsy no

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence no  
(c) Where did injury occur? no (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John Doyle (M. D. or other) \_\_\_\_\_  
Address Conception Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

