

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 APR 15 1939

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

Do not use this space.

1. PLACE OF DEATH ²
 #1 County Harrison Registration District No. 336
 3 Townshp. 1 Primary Registration District No. 4199
 10 City Cainsville (No.) St. Ward)

2. FULL NAME Mary A. Wasson
 (a) Residence, No. Cainsville Mo St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 10920
 Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sandy Wasson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 6 1858</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>1</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wayne Co</u> <u>Iowa</u>		
MOTHER FATHER	13. NAME <u>Malbot Rockhold</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
	15. MAIDEN NAME <u>Louisa Jaughlin</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denn.</u>		
17. INFORMANT (ADDRESS) <u>D. S. Sull</u> <u>Cainsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cablanon Cemetery</u>	DATE <u>March 26, 1939</u>	
19. UNDERTAKER (ADDRESS) <u>Eddie F. Stoklossa</u> <u>Cainsville, Mo.</u>		
20. FILED <u>March 25, 1939</u>	<u>D. C. Odum</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to , 19 .
 I last saw her alive on March 23, 1939. Death is said to have occurred on the date stated above, at 10:15 P. M.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Nephritis - 121
1930

Other contributory causes of importance:

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?
 If so, specify
 (Signed) H. Nally, M. D.
 (Address) Cainsville Mo

RECEIVED

APR 11 1939

39-308

Date Filed APR 11 1939

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