

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

Do not use this space.

437357-1

**1. PLACE OF DEATH**

County..... Scott Registration District No.....  
Towship..... Wesley Primary Registration District No.....  
City..... Illmo (No.....) St..... Ward.....

File No. 17  
Registered No. 1158 605B

**2. FULL NAME**

Laura Jane Washburn

(a) Residence. No..... 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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. W. Washburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/25/1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 2 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Victoria  
(STATE OR COUNTRY)..... Mo

10. NAME OF FATHER Chas Vineyard

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY)..... Va.

12. MAIDEN NAME OF MOTHER Hariette Vogel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY)..... Mo

14. INFORMANT J J Washburn  
(Address) Illmo Mo

15. FILED 1/10/19 29 Washburn  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1928 to Dec 28, 1928 that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

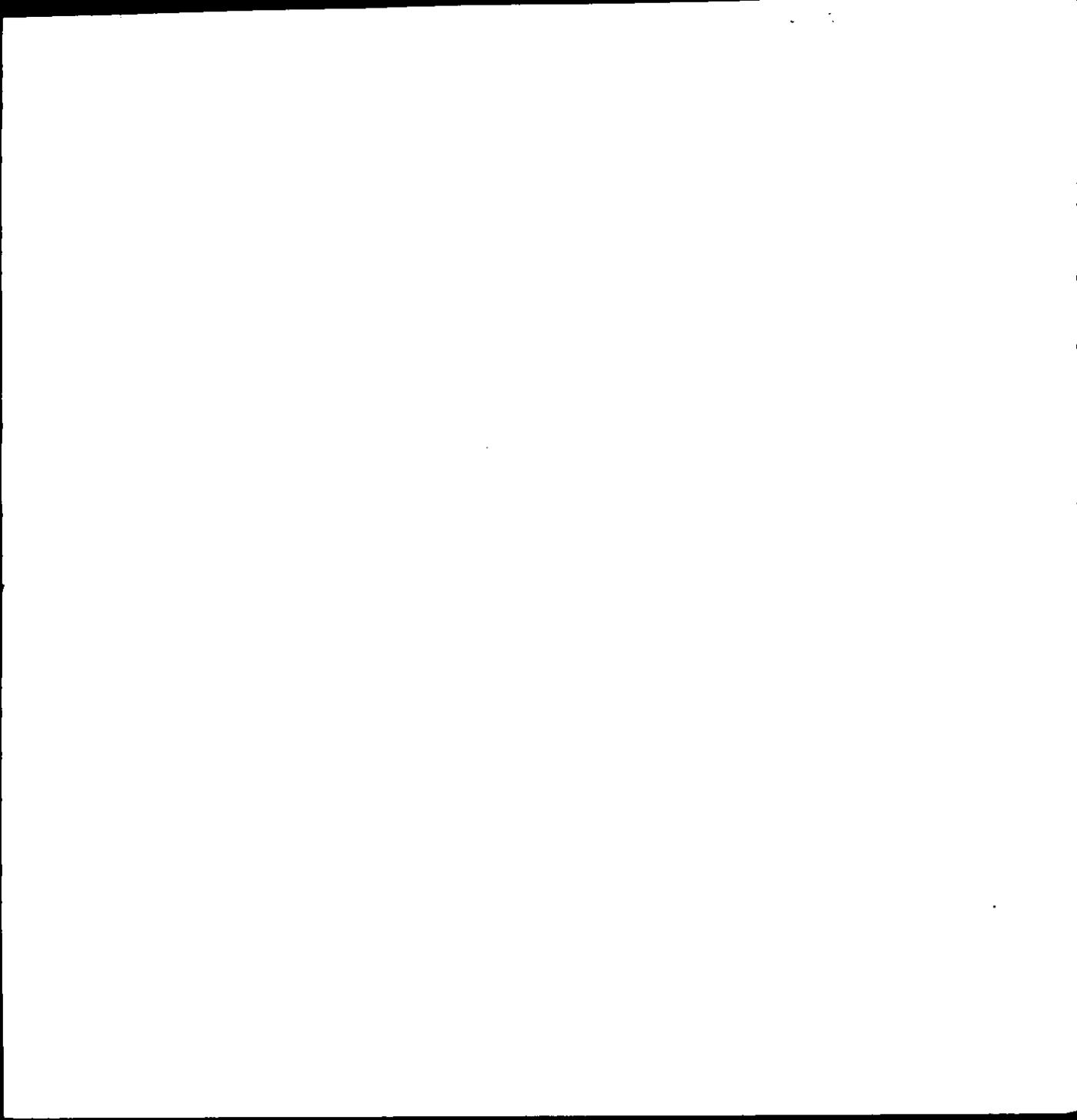
Cerebral hemorrhage  
8:15 AM (duration) yrs. mos. da.  
CONTRIBUTORY.....  
(SECONDARY) (duration) yrs. mos. da.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. D. D..., M. D.  
, 19 (Address) Illmo Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Illmo Mo DATE OF BURIAL 11/1/29

20. UNDERTAKER CW Russler ADDRESS Illmo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Scott Registration District No. 115-3- File No. 17  
Township Kelso Primary Registration District No. 6063-13 Registered No. 9  
City..... (No.....) St. .... Ward)

**2. FULL NAME**

Laura Jane Washburn

(a) Residence. No. .... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Geo W Washburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>77</u>		<u>2</u>	<u>5</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Victoria  
(STATE OR COUNTRY) No.

10. NAME OF FATHER Chas Washburn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Christott Vogel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No  
(STATE OR COUNTRY)

14. INFORMANT J J Washburn  
(Address) Illmo No

15. FILED 1/10 19 29 huel fier. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/30 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 21 1928 to Dec 30 1928  
that I last saw h. l.a. alive on Dec 30 1928, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

tribial hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? J E Harris  
(Signed)....., M. D.  
, 19 (Address) Illmo. No.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Illmo cemetery No 1/1 1929

20. UNDERTAKER ADDRESS  
C. W. Pussler. Illmo, No

SUPPLEMENTARY

REGISTRARS SHALL NOT BE CHARGED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

S-43735-1