MAR 27 1930

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

Do not use this space.

5441

File No. .....
Registered No. 18

1. PLACE OF DEATH
County Jefferson
Township Valle
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 420
Primary Registration District No. 5574

2. FULL NAME Dorsey 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: Male
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: Pearl Washburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4, 1909

7. AGE: YEARS 20 | MONTHS 7 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farming
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeSoto Mo.

PARENTS
10. NAME OF FATHER: Cornelius Washburn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): DeSoto Mo
12. MAIDEN NAME OF MOTHER: Jane Maness
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Mo

14. INFORMANT: Rudolph Washburn
(Address) Fletcher Mo

15. FILED 7/18, 1930 D. L. Pauzzly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Coroners Inquest, 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Third degree burns legs & abdomen caused by gasoline on clothing becoming ignited (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): acute nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Walter E. Gibson Jr., M. D.
, 19 (Address) Coroner of Jefferson Co. 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: Fletcher cem
DATE OF BURIAL: Feb. 18 1930

20. UNDERTAKER: C. H. Barnhart
ADDRESS: DeSoto Mo

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

Do not use this space.

Registration District No. .....

Place of Registration District No. .....

File No. .....

Registered No. .....

(No. ..... St. ..... Ward)

2. FUI

(a) .....

Last name ... yrs. mos. d. How long in U. S., if of foreign birth? yrs. mos. da.

(If born in city, give city or town and county)

PER AS

3. SEX 4. C ... RIED, WIDOWED, or DIVORCED ... WED (write the word)

5a. If married, widowed, or divorced, HUSBAND OF (or WIFE OF)

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Number of years .....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR FOREIGN COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR FOREIGN COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR FOREIGN COUNTRY)

INFORMANT

14. INFORMANT .....

(Signature)

15. FILED ..... , 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... , and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY)

..... (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID ANY OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Nature of Injury, (2) Means of Injury, and (3) Whether Accidental, Suicidal, or Homicidal.

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

19

20. UNDERTAKER | ADDRESS

B. R.—Every item of information should be carefully ... Report attention of undersigned ... HOLYCROSS is very important.

CAUTION—DEATH is a legal ... Report directly ... Report attention of undersigned ... HOLYCROSS is very important.

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: Jefferson — Registration District No. 420 — File No.
Township: Valle — Primary Registration District No. 5574 — Registered No. 18
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Dorsey Washburn
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 4/10, 1930. D. L. Pouzzly, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Third degree burns legs & abdomen - Caused by gasoline on clothing becoming ignited (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): No House burned he poured gasoline on auto and ignited saw to burn auto and he himself caught fire & burned so he died soon afterwards (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Walter E. Gelsson, M.D.
, 19 (Address) De Soto Mo

1/19/30

*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 19

20. UNDERTAKER — ADDRESS

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

...WRITE PLAINLY, WET, UNFADING INK—THIS IS A PERMANENT RECORD

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