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

Do not use this space.

8338

MAY 26 1930

1. PLACE OF DEATH
County: Green — Registration District No. 317
Township: Pond Creek — Primary Registration District No. 5437
City ..... (No. ....., ... St. ..... Ward)

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

2. FULL NAME: John Wesley Washam,

(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: Francis Washam

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct, I5, I86I

7. AGE — Years: 68 — Months: 5 — Days: 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Ky.

PARENTS
10. NAME OF FATHER: Mathias Washam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: America Higknight
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs Fanny Garbee.
(Address): Billings, Mo.

15. FILED: 3/19, 1930 — H. G. Frame, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, I9, I930.

17. I HEREBY CERTIFY, That I attended deceased from Mar. I6, 1930, to Mar. I9 1930 that I last saw him alive on Mar. I9. 1930, and that death occurred, on the date stated above, at 2:35. P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrahage
Feel from ladder on Apple tree
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Asthma
(duration) 40 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? no.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. H. Brown, M. D.
Mar, 20, 1930 (Address) Billings, 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: Laney Cemetery — DATE OF BURIAL: Mar. 2I 1930
20. UNDERTAKER: A.S.Wallace Billings, Mo. — 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD