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

Do not use this space.

85

File No. 8838

Registered No. 266

1. PLACE OF DEATH

County Buchanan Registration District No. 1001

Township Primary Registration District No.

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

FULL NAME Thomas Jefferson Washburn,

(a) Residence. No. St., Ward. Mount Ayr, Iowa.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	11	13	

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

9. BIRTHPLACE (CITY OR TOWN) Worth County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Robert Washburn,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Emeline Early,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

14. INFORMANT Mrs. T. J. Washburn
(Address) Mount Ayr, Iowa,

15. FILED MAR 11 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1931, to March 11, 1931, that I last saw him alive on March 11, 1931, and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Appendicitis with Perforation
Acute Purulent Peritonitis
Acute Intestinal Obstruction
Abscess of Bowel (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) General Septicemia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Mt. Ayr, Iowa

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 27 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation and Clinical Symptoms

(Signed) Carl Potter M.D.

Mch. 11 1931 (Address) 73, Faran St. Joseph

*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 Mount Ayr, Iowa, Via auto DATE OF BURIAL Mch. 13, 1931

20. UNDERTAKER Weaston-Beckel-Bauman ADDRESS 319 S. 10 St.

Burnard Stearns

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.

THIS IS A PERMANENT RECORD