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.

APR 24 1931

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

Do not use this space.

10750

1. PLACE OF DEATH
County: Mercer — Registration District No. 556 — File No.
Township: Morgan — Primary Registration District No. 4328 — Registered No. 6
City: Princeton (No. ..... St. ..... Ward)

2. FULL NAME: Ellen Christene 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: 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: John Washburn.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 22, 1859

7. AGE: Years 71 — Months 10 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: John Masters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Flaud Cheeney
(Address) Princeton Mo.

15. FILED 3/10 1931 J. M. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 — Month 9-1931

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9th 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1930, to Jan. 1, 1931, that I last saw her alive on Jan. 1, 1931, and that death occurred, on the date stated above, at 11-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral regurgitation
Failure of Compensation
92A
95B
162
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility
(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) E. W. Stary, M. D.
3/9, 1931 (Address) Princeton, 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: Cainsville Cemetery — DATE OF BURIAL: Mar. 10 1931

20. UNDERTAKER: Noel Moss — ADDRESS: Princeton Mo.