

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

Do not use this space.

30967

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3416
 City Washington, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 102

2. FULL NAME James Mashburn

(a) Residence, No. Fourth & Washington Ave. St. 2 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 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 <i>(write the word)</i> Married
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF _____ (OR) WIFE OF <u>Mrs. Minnie Mashburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 3 1874</u>		
7. AGE	YEARS	MONTHS
58	1	13
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>8</u> yrs.
Laborer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
Street Dept		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 11, 1931</u>		

12. BIRTHPLACE (CITY OR TOWN) Jonesburg Mo
 (STATE OR COUNTRY)

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Edwin C. Mittler.
 (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Odd Fellows Cem DATE Sept. 19, 1931

19. UNDERTAKER Nieburg & Vitt, Inc.
 (ADDRESS) _____

20. FILED Sept. 17 1931 O. L. Munch
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to Sept. 16, 1931
 I last saw him alive on Sept 16, 1931. Death is said to have occurred on the date stated above, at 8:20P m.
 The principal cause of death and related causes of importance were as follows:

Intussusception of (ileocolic)
122B
129
 Other contributory causes of importance:
General Peritonitis

Date of onset
Don't know

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Sept. 16, 1931
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) O. L. Munch, M. D.
 (Address) Washington, 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.

OCT 22 1931

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**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 Franklin Registration District No. 297 File No. _____
 Township _____ Primary Registration District No. 3016 Registered No. 102
 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME James Mashburn

(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 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) Aug 3 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
58 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) yrs. mos. ds.
 (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) _____

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 Sep 17 1931 Q. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/16 19 31

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY _____ (duration) yrs. mos. ds.
 SECONDARY _____ (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) _____, M. D.

, 19 _____ (Address) _____

*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 _____

20. UNDERTAKER _____ ADDRESS _____

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PARTS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1-3000