

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

Do not use this space.

31623

1. PLACE OF DEATH

County Washburn Registration District No. 411 File No. _____
 Township Washburn Primary Registration District No. Washburn _____
 City Washburn (No. _____) (If nonresident, give city or town and State) _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23 - 1846</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>6</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miller</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mason Mo</u>		
13. NAME <u>No record</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT (ADDRESS) <u>W. H. Garland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Washburn Mo 9-15</u>		
19. UNDERTAKER (ADDRESS) <u>Washburn Mo</u>		
20. FILED <u>Sept. 11, 1931</u> <u>W. H. Garland</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1931

22. I HEREBY CERTIFY That I attended deceased from _____ at _____, 1931, to _____ at _____, 1931.
 I last saw him alive on Sept 8, 1931. Death is said to have occurred on the date stated above, 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Double lobar pneumonia
Exposure and venibility
 Other contributory causes of importance:
10
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____, 19____
 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) W. H. Garland, M. D.
 (Address) Washburn Mo.

WRITE PLAINLY, WITH OUTFRADING INK. 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 28 1931

