

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

Do not use this space.

1462

1. PLACE OF DEATH

City Garrison Registration District No. 300
 Township Kaw Primary Registration District No. 002
 City Kansas City (No. 355 Wyoming) St. 5 Ward

File No. _____
 Registered No. 192 St. _____ Ward

2. FULL NAME

(a) Residence, No. 355 Wyoming St. 5 Ward.
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married Mary Lee Mashburn June 30 - 1861</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>71 11 11</u> | | |
| 7. AGE YEARS <u>71</u> | MONTHS <u>11</u> | DAYS <u>11</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 25 years</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>Wilcox County Georgia</u> | | |
| 13. NAME <u>John Mashburn</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilcox County Georgia</u> | | |
| 15. MAIDEN NAME <u>Mamie Read</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilcox County Georgia</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs Joseph M. Brown 522 East 16th Street</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Washington Jan 16 33</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Garrod Funeral Home Independence Mo</u> | | |
| 20. FILED <u>1/2 - 33</u> <u>M. M. Crowe</u> Registrar. | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1933

22. I HEREBY CERTIFY That I attended deceased from November 18, 1929, to Jan. 11, 1933
 I last saw him alive on Jan. 10, 1933 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1918
93C
97 93C

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury ✓, 1933
 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? No
 If so, specify _____
 (Signed) Samuel Voegelie M. D.
 (Address) 604 Chambers Bldg.

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

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.

MARGIN RESERVED FOR BINDING

Dr. J. P. Taylor
W. H. Taylor