

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

Do not use this space.

APR 7 1935

8708

1. PLACE OF DEATH

County Franklin
Township _____
City Washington (No. _____)

Registration District No. 299
Primary Registration District No. 3016

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME Minnie Ann Mashburn

(a) Residence, No. 631 Pearl St., Washington, Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>James Mashburn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 23, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>1</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>life</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay County, Arkansas</u>		
13. NAME <u>Andrew B. Rich</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spainburg, South Carolina</u>		
15. MAIDEN NAME <u>Martha Ann Buckley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Tennessee</u>		
17. INFORMANT <u>Clara C. Mettler</u> (ADDRESS) <u>Moberly, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old P. C. Elms Cemetery, Washington, Mo.</u> DATE <u>Mar. 5th, 1935</u>		
19. UNDERTAKER <u>Wiburg & Vitt, Inc.</u> (ADDRESS) <u>Washington, Mo.</u>		
20. FILED <u>Mar. 5 - 1935</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 - 1935 to Mar 3 - 1935
I last saw her alive on Mar 3, 1935. Death is said to have occurred on the date stated above, at 6:15 P. M.
The principal cause of death and related causes of importance were as follows:
chronic nephritis
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Other contributory causes of importance:
Heart know
Heart know

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 _____, 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? no
If so, specify _____
(Signed) R. R. Culler, M. D.
(Address) Washington Mo

Registrar.

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.

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