

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.

JAN 20 1937

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

Do not use this space.

46583

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis Mo.

(No.)

Barnes Hospital

File No.....

Registered No.....

12374

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Miller Washburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

abt. 73

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

At home

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)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Not known

MOTHER

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

17. INFORMANT

(ADDRESS)

Mrs. Frank Washburn
3735 Aldine Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peters Cem. DATE Dec. 18, 1936

19. UNDERTAKER

(ADDRESS)

Edron L. Co.
2707 N. Grand

20. FILED

DEC 17 1936

Registrar.

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

12-15-1936

22. I HEREBY CERTIFY, That I attended deceased from

11-30

1936, to

12-15

1936

I last saw him alive on 12-15, 1936 Death is said

to have occurred on the date stated above, at 4²⁰ m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF BLADDER
Gael

Date of onset

Other contributory causes of importance:

46 E

Name of operation

SUPRAPUBLIC CISTOSTOMY

Date of 11-30-36

What test confirmed diagnosis? Caty Was there an autopsy? yes

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)

F. R. Bradley

M. D.

(Address)

BARNES HOSPITAL

