

OCT 18 1937

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

Do not use this space.

33935

1. PLACE OF DEATH

County Chariton Registration District No. 174
Township Yellow Creek Primary Registration District No. 4103
City Rothville (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Arthur Earl Washam
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE → Hedena Washam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-11-1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>10</u>	<u>25</u>	

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

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) Chariton Co Mo

FATHER 13. NAME Washington Washam

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

MOTHER 15. MAIDEN NAME Mary E McCallum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

17. INFORMANT Mrs Arthur Washam
(ADDRESS) Rothville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marceline Mo DATE Oct 8, 1937

19. UNDERTAKER S. L. Leipard
(ADDRESS) Mendon Mo

20. FILED Oct 9, 1937 Ch. Stinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th 10am, 1937 to Oct 6, 1:45pm, 1937

I last saw him alive on Oct 6th 1937 Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Diabetic Coma (Date of onset 10-6-37)
Diabetes Mellitus (Cause known)

Other contributory causes of importance: 59

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) U. G. Bueh M. D.
Rothville Mo
(Address)

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.

