

REC'D JUN 8 1938

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

Do not use this space.

18403

1. PLACE OF DEATH

County HowellRegistration District No. 384

Township

Primary Registration District No. 4227City West Plains(No. Christa Hogan Hospital)

File No.

Registered No.

St.

Ward)

2. FULL NAME Ned Washam250

(a) Residence, No.

St.

Ward.

Mammoth Spring, Ark.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

3

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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

16716

OCCUPATION

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

School boy

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) Mammoth Spring, Ark.
(STATE OR COUNTRY)

FATHER

13. NAME Richie Washam

MOTHER

14. BIRTHPLACE (CITY OR TOWN) Mammoth Spring
(STATE OR COUNTRY) Ark15. MAIDEN NAME Allie Land16. BIRTHPLACE (CITY OR TOWN) Thayer, Mo.
(STATE OR COUNTRY)17. INFORMANT (ADDRESS) Richie Washam
Mammoth Spring, Ark.18. BURIAL, CREMATION, OR REMOVAL PLACE Mammoth Spring DATE 5-28 193819. UNDERTAKER (ADDRESS) Leo Carr
Thayer, Mo.20. FILED 5-27 1938 Kida W Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 193822. I HEREBY CERTIFY, That I attended deceased from May 24 1938, to May 27 1938I last saw him alive on May 27 1938. Death is said to have occurred on the date stated above, at 10:07 A.M.

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

General peritonitis

Date of onset

5/24/38

Other contributory causes of importance:

Gunshot wound of abdomen,
perforating bowels

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/24, 1938Where did injury occur? Mammoth Spring, Ark.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public placeManner of injury Gunshot wound of abdomenNature of injury Multiple perforation bowels24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

W. Hogan, M. D.(Address) West Plains, Mo.

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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.

