

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

Do not use this space.

25994

1. PLACE OF DEATH

County Polk
Township Polk
City Polk (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 68 St. _____ Ward _____

2. FULL NAME MARY A. DASHAM

(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 FE. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1880

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>51</u>	<u>2</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. wife
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) Wagon Mound, Mo.

13. NAME Richard D. DASHAM

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon Mound, Mo.

15. MAIDEN NAME MARY F. DASHAM

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon Mound, Mo.

17. INFORMANT (ADDRESS) R. O. DASHAM

18. BURIAL, CREMATION, OR REMOVAL PLACE Polk DATE 7-11-31

19. UNDERTAKER (ADDRESS) E. B. DASHAM, Richmond, Mo.

20. FILED 7-11-31 E. B. DASHAM Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11:35 a.m.

Mo. 1931, to July 10, 1931

I last saw him alive on July 10, 1931. Death is said

to have occurred on the date stated above, at 11:35 a.m.

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

Operated 1928, Carcinoma of
intestine. Remained 1930.
Died from Carcinoma of
intestine.
Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of operation Richard

What test confirmed diagnosis? Operation 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 _____, 1931

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) L. A. Greene, M. D.

(Address) Richmond, Mo.

WRITE PLAINLY, WITH UNFADING INK

N. B.—Every item of information should be carefully scrutinized and stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important.

AGE 29 1931

CAUSE OF DEATH

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray Registration District No. 944
 Township Richmond Primary Registration District No. 3033
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 68

2. FULL NAME

Mary A. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10-9-31 1931 E. C. Ray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Coronary arteriosclerosis
instability of blood pressure
Insulin
 Date of onset _____

Other contributory causes of importance:

Name of operation 460 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

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

Item of information should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should state BIRTH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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