FEB 20 1936

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

Do not use this space.

1433

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township East — Primary Registration District No. 1002 — Registered No. 586
City Kansas City (No. 4918 Troost or Memorial Hosp. St. Ward)

2. FULL NAME Mrs. Martha Frances Washburn

(a) Residence, No. 7319 Tracy St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don Francis Washburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 7th 1911

7. AGE: Years 24 — Months 3 — Days 10 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nice Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rat at home Office
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): Parsons Kans

FATHER
13. NAME: Henry Graff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parsons Kans

MOTHER
15. MAIDEN NAME: Alice Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fort Leavenworth Kan

17. INFORMANT (ADDRESS): Donald Washburn 7319 Tracy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parsons Kans DATE Jan 19 1936

19. UNDERTAKER (ADDRESS): Quirk & Wilson Co 20 W Linwood

20. FILED Jan 19, 1936 M M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/17/36, 19

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 7:20 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Accident	
Fracture of the Skull	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/17/36
Where did injury occur? 49th & Troost Kcmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Street
Manner of injury Collision of Motor Cars
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address) ...

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson

State File No. 14333
Local Registrar's No. 286

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of Nov., 1945, before me appears Donald Mashburn, who, upon his oath, states that the original record of ~~birth~~ death for Mrs Martina Mashburn died ~~born~~ 1-17, 1936, in the State of Missouri, and which was filed at K.C., Mo. on 1-19, 1936, should be corrected as follows:

Item No. 2 should read Mrs. Martina Mashburn
Instead of Mrs. Martin Mashburn

Item No. 5A should read Mon Francis Mashburn
Instead of " " Mashburn

Item No. 17 should read Donald Mashburn
Instead of " Mashburn

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Donald Mashburn Relationship husband

1801 Smith Rd
Present Address. K. C. Kansas

Subscribed and sworn to before me this 29th day of Nov., 1945.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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