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

Do not use this space.

6692

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1922

Township ..... Primary Registration District No. 1003 Registered No. 1922

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Mary Washington

(a) Residence. No. 2015 Walnut St. 22 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not known

7. AGE: abt. 58 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Ala.

PARENTS

10. NAME OF FATHER: Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Ellen Sears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ala.

14. INFORMANT: Anna F. Woodard
(Address): City Hospital #2

15. FILED FEB 26 1927, 19.. May C. Starkeoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-25-1927

17. I HEREBY CERTIFY, That I attended deceased from February 12, 1927, to February 25, 1927, that I last saw her alive on February 25, 1927, and that death occurred, on the date stated above, at 5:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Breast

5D

(duration) 1 yrs. 8 mos. 13 ds.

CONTRIBUTORY (SECONDARY) 47

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Thomas, M. D.

(Address) City Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park | DATE OF BURIAL: 2/28/1927

20. UNDERTAKER: A. Russell vd. | ADDRESS: 2732 E. Pine St.

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.

...ARING INFORMATION IS A PERMANENT RECORD