

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

Do not use this space.

Q

21285

1. PLACE OF DEATH

County Mason Registration District No. 547
 Township Mason Primary Registration District No. 3029
 City Hambel (No. 1704) Wardlow St. _____ Ward _____

File No. _____
 Registered No. 168
 St. _____ Ward _____

2. FULL NAME

Henry Washington
 (a) Residence. No. 1704 Wardlow 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | 1 | 18 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Minister
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Polynya (STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Washington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Wm Washington (Address) 1704 Wardlow

15. FILED 6/27 1928 C. E. Stead REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1928

17. I HEREBY CERTIFY That I attended deceased from 120 am June 22 to June 23 1928
 that I last saw him alive on June 23 at 11:26 and that death occurred, on the date stated above, at 1:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
1928
only saw him day before death (duration) Don't know yrs. mos. da.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9018
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) A. W. Fox, M. D.
 , 19 (Address) 1216 Center

*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 Baptist Cem DATE OF BURIAL # 6/28 1928

20. UNDERTAKER Geo E Roberts ADDRESS Hambel

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.

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