

26 1928

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

Do not use this space.

21342
51342

1. PLACE OF DEATH
 County new Madrid Registration District No. 604
 Township new Madrid Twp Primary Registration District No. 15952
 City new Madrid Mo (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Sammy Louis Washington
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 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 Colored 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) 1926 Dec. 6

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
1 | 6 | 13

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

9. BIRTHPLACE (CITY OR TOWN) new Madrid
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Sammy Washington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) new Madrid
 (STATE OR COUNTRY) mo.

12. MAIDEN NAME OF MOTHER Mabel Dunn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) new Madrid
 (STATE OR COUNTRY) mo.

14. INFORMANT Rita Dunn
 (Address) new Madrid mo.

15. FILED 49 38 19 28 W. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at new Madrid

THE CAUSE OF DEATH* WAS AS FOLLOWS:

M. Pharyngitis
acute
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 113B
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. Brown M. D.
49 38 19 28 (Address) Co Street

*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 East Side Cemetery DATE OF BURIAL Jan 31 1928

20. UNDERTAKER Richards Und Co. ADDRESS new Madrid

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.

