

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

Do not use this space.

11798

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME Cora Washington
 (a) Residence No. 220 Cooper 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F **4. COLOR OR RACE** Col **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1899

7. AGE YEARS MONTHS DAYS **If LESS than 1 day, _____ hrs. or _____ min.**
About 28 dot no dot no dot no

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magdalena Arkansas

10. NAME OF FATHER Not Dawson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) dot no
dot no

12. MAIDEN NAME OF MOTHER Carrie McClain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) dot no
dot no

14. INFORMANT Henry McClain
 (Address) 4808 Wensum Chicago 222

15. FILED 3-15-29 J.S. Love
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.
body viewed

THE CAUSE OF DEATH* WAS AS FOLLOWS:
wound from sharp instrument in neck inflicted with homicidal intent
 (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) kind of instrument unknown
 (duration) _____ yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY yes
WHAT TEST CONFIRMED DIAGNOSIS. Autopsy
 (Signed) W.S. Bishop Coroner
 , 19 (Address) Sedalia Mo

*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 Sedalia Mo **DATE OF BURIAL** 3/15/1929

20. UNDERTAKER FD Ferguson **ADDRESS** Sedalia

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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