

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

Do not use this space.

11799

PLACE OF DEATH

County Pettis
Township Seclusion
City Seclusion (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 78
St. Ward)

2. FULL NAME

(a) Residence No. 220 E Cedar 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 M 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 Cora Washington
unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
About 26 don't know don't know don't know

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Boilermaker Helper
(b) General nature of industry, business, or establishment in which employed (or employer) Mop Pacific
(c) Name of employer M. O. P. R. Co.

9. BIRTHPLACE (CITY OR TOWN) Littlerock
(STATE OR COUNTRY) Ark

PARENTS

10. NAME OF FATHER James A Washington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER Mary Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know
(STATE OR COUNTRY) don't know

14. INFORMANT Charles McCallum
(Address) 222 Ringgold Littlerock Ark

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 2 1929

17. I HEREBY CERTIFY, That I attended deceased from body 1929 to 1929,
that I last saw h. alive on 1929, 1929, and that death occurred, on the date stated above, at 1929.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

gun shot wound in head inflicted with suicidal intent

167 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) J. T. Bishop Coroner
, 19 (Address) Seclusion 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 DATE OF BURIAL

Seclusion Mo 3/15 1929

20. UNDERTAKER F. D. Ferguson ADDRESS Seclusion

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.

