

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

Do not use this space.

**28 1929**

20418  
68

**1. PLACE OF DEATH**

County Scott

Registration District No. 82

File No. 68

Township New Sibertown

Primary Registration District No. 6670

Registered No. \_\_\_\_\_

City New Sibertown

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Minard Junior Washington

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

Length of residence in city or town where death occurred

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**

Colored

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Child

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 8 - 1929

**7. AGE**

\_\_\_\_\_

YEARS

MONTHS

DAYS

3

8

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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) (STATE OR COUNTRY)**

New Sibertown  
Scott Mo

**10. NAME OF FATHER**

Booker T. Washington

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

Miss

**12. MAIDEN NAME OF MOTHER**

Mattie Gals

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

Miss

**14.**

INFORMANT (Address)

Booker T. Washington  
27 Lafayette, Mo

**15.**

FILED

6/19/29  
W. A. Lewis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

May 16 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from May 16 1929, to May 16 1929

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 5:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intussusception 122 B

**CONTRIBUTORY (SECONDARY)**

118 B1

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

Did AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

IS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Thomas C. McCalere, M. D.

, 19 (Address) Sibertown, 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**

Bay Center Cemetery

5-17-1929

**20. UNDERTAKER**

**ADDRESS**

John Albritton

Sibertown Mo

WHILE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

