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

Do not use this space.

14295

1. PLACE OF DEATH

County..... Registration District No. 781

Township..... Primary Registration District No. 1003

City St Louis (No. Barnes Hospital St. ..... Ward)

File No. 3635

Registered No. .....

2. FULL NAME Ed Washington

(a) Residence, No. 1132 N Bernard St., 27 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	Negro	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-21-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	11	18	

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

9. BIRTHPLACE (CITY OR TOWN) Clarksville
(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER General Washington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Robinson Ala
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Mary Kersey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Burlington
(STATE OR COUNTRY) Tenn

14. INFORMANT Carrie Washington
(Address) 1132 N Bernard St

15. FILED: 1 1 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-8, 1930, to 4-9, 1930 that I last saw him alive on 4-9, 1930, and that death occurred, on the date stated above, at 6.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction, acute intestinal
due to 1211 K
1223
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Adhesions of Peritoneum
due to a former Operation for Appendicitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/8/30
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W H Hamm, M. D.
4/9, 1930 (Address) Barnes Hospital

*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 Carlington Ky — DATE OF BURIAL 4-11 1930

20. UNDERTAKER E. W. Reynolds — ADDRESS 3013 Bell Av

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.