

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

Do not use this space.

38210

1. PLACE OF DEATH  
 County Saline Registration District No. 744  
 Township Cambridge Primary Registration District No. 6007A  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Susie Anna Washington  
 (a) Residence No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
29      2      3

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) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Chariton Co Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER George Banks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chariton Co Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lula Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT Phelbert Washington  
 (Address) William Mo #2

15. FILED 11-14 1930 J. H. Davis  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 Nov 14 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 3 to 11-14 1930  
 that I last saw her alive on 11-14 1930, and that death occurred, on the date stated above, at 5:21 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Infarction  
95%  
 (duration) 7 yrs. r mos. r ds.  
 CONTRIBUTORY Atherosclerosis  
 (SECONDARY) (duration) 6 yrs. r mos. r ds.

18. WHERE WAS DISEASE CONTRACTED 90%  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF r  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. H. Davis, M. D.  
 (Address) William 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 New York for Burial DATE OF BURIAL Nov 16 1930  
 20. UNDERTAKER Jones & Sage ADDRESS State Mo

N. B.—Every item of information 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.

