

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

Do not use this space.

13314

1. PLACE OF DEATH

12 County Buxley Registration District No. 87
Township Beaver-dam Primary Registration District No. 5129
City (No.) St. Ward)

File No.
Registered No. 4

2. FULL NAME

Narcissus Washington
(a) Residence, No. Harwell Mo 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. J. Washington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7, 1850</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>2</u>
		DAYS
		<u>14</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1, 1925</u>	
	11. Total time (years) spent in this occupation <u>58</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syers Station Tennessee 2</u>		
FATHER	13. NAME <u>Jacob Landrum</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syers Station Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>x x x Lehman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Syers Station Tennessee</u>	
17. INFORMANT <u>Narcissus Washington</u> (ADDRESS) <u>Harwell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kensy Cemetery</u> DATE <u>April 23, 1931</u>		
19. UNDERTAKER <u>Gish Undertaking Co</u> (ADDRESS) <u>Naylor Mo</u>		
20. FILED <u>Apr 23, 1931</u> <u>M. M. Rance</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931 to April 21, 1931
I last saw h. ee alive on April 19, 1931. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Embolism by Thrombosis Date of onset 4, 2, 1925
She had an attack of apoplexy about 5 years ago and had since completely recovered.

Other contributory causes of importance:
Arterio-sclerosis

Name of operation NONE Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) R. I. Turner, M. D.
(Address) Harwell, Mo.

WRITE 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.

MAY 2 1 1931

