

SEP 25 1931

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 665

29051

Township

Primary Registration District No. 3032

Registered No. 228

City Sedalia

(No. _____)

St.

Ward

2. FULL NAME

Charles Franklin Washington

(a) Residence. No. 717 8 Pettis

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

M

4. COLOR OR RACE

col

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

Single

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

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

12-13-20

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

11

8

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

X

(c) Name of employer

X

9. BIRTHPLACE (CITY OR TOWN)

Sedalia Mo

(STATE OR COUNTRY)

Pettis

10. NAME OF FATHER

Travis Washington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Sedalia

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Anna Redman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Versailles

(STATE OR COUNTRY)

Mo.

14.

INFORMANT
(Address)

Anna Washington

Sedalia Mo

15.

FILED

8-8-31

J. J. Lutz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

8-4-1931

17.

I HEREBY CERTIFY, That I attended deceased from 7-4-1931, to 8-6-1931, that I last saw him alive on 8-6-1931, and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? NO

DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical + Lab

(Signed)

A. R. Maddox

M. D.

, 19

(Address)

116 1/2 W. Main

*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

Sedalia Mo

Aug 16 1931

20. UNDERTAKER

ADDRESS

F. W. Ferguson

Sedalia

