

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

Do not use this space.

21776

**1. PLACE OF DEATH**

109 County Starew Registration District No. 882  
Township Starkow Town Primary Registration District No. 6174  
City (No. ....) St. .... Ward .....

File No. ....  
Registered No. 17 St. .... Ward .....

**2. FULL NAME**

Minnie Washington (nee Ball)  
(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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harvey Washington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>11</u>
	DAYS <u>9</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>House hold</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Missouri</u>		
FATHER	13. NAME <u>Lucian Ball</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co. Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Nannie Porter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harvey Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>Harvey Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Colored Church Cem</u> DATE <u>June 13<sup>th</sup> 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. N. Clarenbach</u>		
20. FILED <u>6/11</u> 19 <u>32</u> <u>W. N. Clarenbach</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1932

I HEREBY CERTIFY, that I attended deceased from June 1<sup>st</sup> 1932 to June 10, 1932

I last saw her alive on June 9<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
Tuberculosis of the Lungs Date of onset 7-1930

Other contributory causes of importance:  
23A

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? ⓪

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 .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify W. N. Clarenbach M. D.  
(Signed) W. N. Clarenbach (Address) Wright Cem 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.

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1932  
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July - 1887