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

Do not use this space.

26038

1. PLACE OF DEATH

County Howard. Registration District No. 378

Township Primary Registration District No. 4222

City Fayette, (No. , St. Ward)

File No.

Registered No. 49

2. FULL NAME Alda 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.

4/5 2/4

SEP 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female,	Balck	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16th 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71		1	26	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. /

PARENTS

10. NAME OF FATHER Alfred Spence.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Colorado.

12. MAIDEN NAME OF MOTHER Daphney Spence.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri /
(STATE OR COUNTRY)

14. INFORMANT Dora Washington,
(Address) Fayette, Mo.

15. FILED 8/20 19 32 V. O. Bonham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/12/32 19

17. I HEREBY CERTIFY, That I attended deceased from 8-5-32, 19 to 8-12, 1932 that I last saw him alive on 8-12, 1932, and that death occurred, on the date stated above, at 12:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

8/12

8/7/32

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) ? yrs. mos. ds.

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? Phys. findings

(Signed) M. G. Shaw, M. D.

, 19 (Address) Fayette, 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~~	DATE OF BURIAL
City Cemetary 8/14/32	19

20. UNDERTAKER	ADDRESS
Guy T. Halley. Fayette.	Mo.