

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

Do not use this space.

32897

1. PLACE OF DEATH
 46 County Howell Registration District No. 389
 Township Howell Primary Registration District No. 5535
 City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME George Dusenberry Washington
 (a) Residence, No. Rover Rt. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Mullen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1867
 7. AGE 66 YEARS 4 MONTHS 15 DAYS IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
 10. Date deceased last worked at this occupation (month and year) Oct. 17, 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Missouri

FATHER
 13. NAME Jesse D. Washington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
 15. MAIDEN NAME Sarah M. Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Mrs. George D. Washington West Plains, Mo. Rover Rt.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Howell Valley Oct. 22, 1933

19. UNDERTAKER (ADDRESS) Hal Thompson West Plains, Mo

20. FILED 10-20 1933 Sida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933 to Oct 18, 1933

I last saw him alive on Oct 17, 1933. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris.
Coronary artery sclerosis
 Date of onset 1930

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? no

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 _____

(Signed) E. Claude Baker, M. D.
 (Address) West Plains Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 1 1933

11/10/1918
JANUARY

RECEIVED FROM THE

STATE OF NEW YORK

FOR THE YEAR 1918

THE STATE OF NEW YORK

FOR THE YEAR 1918

THE STATE OF NEW YORK

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