

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

Do not use this space.

36757

1. PLACE OF DEATH
 County Jackson Registration District No. 300
 Township How Primary Registration District No. 3000
 City R. C. Mo. (No. 1097) Virginia St. _____ Ward _____
 2. FULL NAME Mary Washington
 (a) Residence, No. 1004 Virginia 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.

File No. _____
 Registered No. 4680
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Washington
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1891
 7. AGE YEARS 41 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Kansas
 13. NAME Edward Washington
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Ed W. Washington
 (ADDRESS) 1004 Virginia ave,
Blue Ridge Can. DATE 11/28/33
 18. BURIAL, CREMATION, OR REMOVAL
Blue Ridge Can.
 19. UNDERTAKER West, Updegraff & Jones
 (ADDRESS) St. L. Mo.
 20. FILED Nov 28 1933 M. M. Crowe
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25th, 1933
 22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
 I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 6:35 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset _____
Chronic Myocarditis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 (What test confirmed diagnosis) _____ Was there an autopsy? yes
 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?
 If so, specify _____
 (Signed) _____
 (Address) _____

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.

JAN 8 1934

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M. D.

