

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

Do not use this space.

19002

File No. _____
Registered No. **5542**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791/1003**
Township _____ Primary Registration District No. _____
City **Hadwin mo.** (No. **2745 Dawson City Hoop #2**)

2. FULL NAME

Hazel Washington
(a) Residence, No. **227** **J. Kennedy** **18** Ward. **(227 So. CHANNING ST.)**
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **10** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Washington		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/16/1904		
7. AGE YEARS 29	MONTHS 9	DAYS 23
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil		
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)
Ark.

13. NAME **Frank Bailey**

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

15. MAIDEN NAME **Ellen ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ark.

17. INFORMANT **father map Shread**
(ADDRESS) **2745 Dawson mo.**

18. BURIAL, CREMATION OR REMOVAL PLACE **Elmwood cemetery** DATE **June 3, 1934**

19. UNDERTAKER **Garner & Poythod Co.**
(ADDRESS) **310 3rd St. Wash. Mo.**

20. FILED **11/19/34** **J. J. Predeck**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/29/1934**

22. I HEREBY CERTIFY, That I attended deceased from **5-22-**, 1934, to **5-29-**, 1934
I last saw him alive on **5-29**, 1934. Death is said to have occurred on the date stated above, at **4:30 p.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis with
151 Uremia
1300
1000
Other contributory causes of importance: **151**

Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify **Nephritis with**
(Signed) **Russell Smith**, M. D.
(Address) **City Hospital 2**

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.

JUN 19 1934

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

