

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

Do not use this space.

30130

1. PLACE OF DEATH *Mt. Vernon MO* OCT 1 1934  
 County *Madison* Registration District No. *549*  
 Township *Ohio* Primary Registration District No. *3765*  
 City *Ohio* (No. ) St. *Mo.* Ward

2. FULL NAME *Curtis W 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lubirtha Washington</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4 - 1898</i>		
7. AGE	YEARS <i>36</i>	MONTHS <i>1</i>
	DAYS <i>9</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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 <i>24 1/2</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Rayville La</i>		
MOTHER	13. NAME <i>Wiley Washington</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Rayville La</i>	
	15. MAIDEN NAME <i>Allie Edwards</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Rayville La</i>	
17. INFORMANT (ADDRESS) <i>Wiley Washington Rayville Mo 64402</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Rayville Mo</i> DATE <i>Aug 14 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Chas Lurd CO Charleston Mo</i>		
20. FILED <i>Aug 14 1934</i> <i>H. Marshall</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 13 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 12 1934* to *Aug 13 1934*  
 I last saw him alive on *Aug 12 1934* Death is said to have occurred on the date stated above, at *10 P. M.*  
 The principal cause of death and related causes of importance were as follows:  
*Cystitis*  
*1934*  
*38*  
 Other contributory causes of importance:  
*Metabolic fever*

Date of onset
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Name of operation *none* Date of   
 What test confirmed diagnosis? *cyst* 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) *H. Marshall*, M. D.  
 (Address) *Rayville 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.

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