AUG 20 1935

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

Do not use this space.

23949

1. PLACE OF DEATH
County Pemiscot Registration District No. 651 File No.
Township Little Prairie Primary Registration District No. 5862 Registered No. 108
City (No. St. Ward)

2. FULL NAME Floyd L 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 Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lint Home unknown Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/24/1911
7. AGE YEARS 24 MONTHS 4 DAYS 21 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. Farm
10. Date deceased last worked at this occupation (month and year) June 1935
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

FATHER
13. NAME Lonnie Washington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Annie Rayford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Will Washington Caruthersville Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Taylor Cemetery DATE 7/16 1935
19. UNDERTAKER (ADDRESS) [illegible] Caruthersville Mo
20. FILED July 23 1935 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/16 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-8- 1935, to 7-15- 1935
I last saw him alive on 7-13- 1935 Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever
Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) T J Collins, M. D.
(Address) Caruthersville 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.