

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

Do not use this space.

FEB 17 1936

1. PLACE OF DEATH
 County BUCHANAN Registration District No. _____
 Township _____ Primary Registration District No. _____
 City ST. JOSEPH (No. 731 1/2 Corby) St. _____ Ward _____

File No. 278
 Registered No. 77

2. FULL NAME ELLA WASHINGTON
 (a) Residence, No. 731 1/2 Corby St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 10

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) Lawrence Kansas

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ramsey Mortuary

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE Jan 21/36

19. UNDERTAKER RAMSEY'S MORTUARY
 (ADDRESS) 9th & Olive Sts

20. FILED 1-21-36 19 31 John P. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1936

22. I HEREBY CERTIFY, That I visited on Jan 20, 1936, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12 A m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance:
Chronic Alcoholism

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? No

If so, specify _____

(Signed) Josiah Thomas Coroner, M. D.

(Address) 731 Jarmon

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.

