Call
Case

MAY 19 1936

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

Do not use this space.

15210

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: K.C. Mo. (No. 1017 Harrison St. Ward)

Registration District No. 399
Primary Registration District No. 3 02

File No.
Registered No. 1522

2. FULL NAME Benjamin Washington

(a) Residence, No. 1017 Harrison 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Dulcie Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-1-1902

7. AGE: Years 33 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel
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.

FATHER
13. NAME: Benj. Washington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER
15. MAIDEN NAME: Lizzie Kinner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): Record Clerk General Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill DATE: 4-11, 1936

19. UNDERTAKER (ADDRESS): K.C. Emb. + Casket Co. 440 State Ave. K.C. Kans.

20. FILED 4-10, 1936 M.M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-4, 1936 to 4-4, 1936
I last saw ~~him~~ alive on 4-4, 1936 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Far advanced	
Pulmonary Tuberculosis	
Other contributory causes of importance:	
23	

Name of operation: Clinical 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) P. C. Lerogers M. D.
(Address) General Hosp. #2
~~ft 1830 Vine St.~~

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.