

OCT 15 1936

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

Do not use this space.

31266

1. PLACE OF DEATH

 County Jackson
 Township Rich
 City P.C. Mo. (No. General Hosp. #2 St. 3rd Ward)

 Registration District No. 399
 Primary Registration District No. 1002

 File No. 4255
 Registered No. 3rd

2. FULL NAME

 (a) Residence, No. 917 Garfield St., Washington Ward.

(If nonresident, give city or town and State)

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

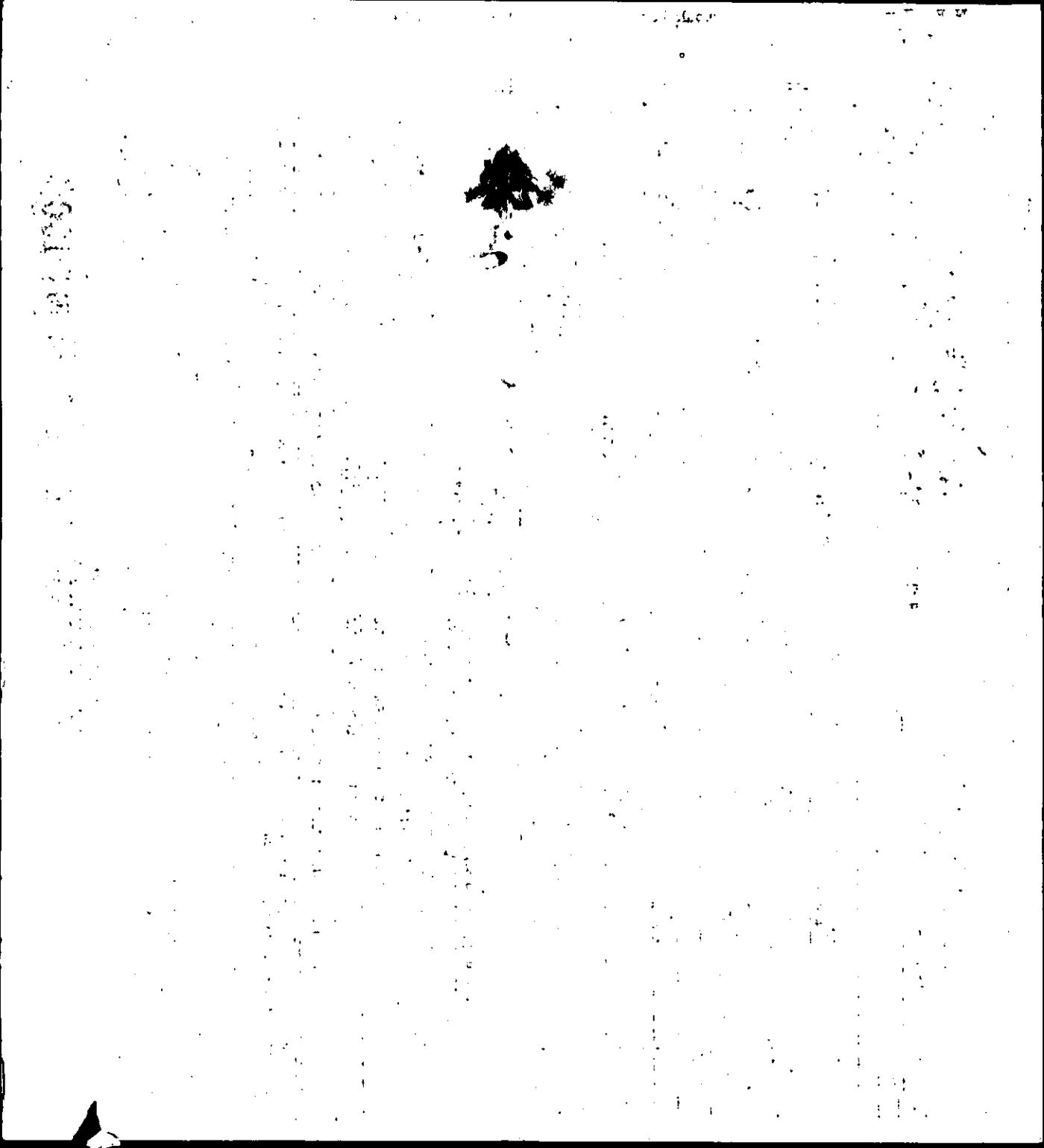
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1896</u>		
7. AGE <u>40</u>	YEARS	MONTHS DAYS
8. Occupation, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>		
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) <u>Okl.</u>		
13. NAME <u>Rayton Washington</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>9-16</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Adkins Bros.</u> <u>2000 E. 12th</u>		
20. FILED <u>9-15</u> 19 <u>36</u> <u>M. M. Crowe, crsh</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-14</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>8-9</u> 19 <u>36</u> to <u>8-14</u> 19 <u>36</u> I last saw him alive on <u>8-14</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>10:00</u> m. <u>P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Pneumatic Typhoid</u> <u>Heart Disease</u> <u>9:55 P.M.</u> Other contributory causes of importance: <u>decompensation</u>
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>Yes</u>
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? <u>No</u> If so, specify..... (Signed) <u>G. B. Purson</u> M. D. (Address) <u>General Hosp. #2</u>

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.



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

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1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township R. C. mo

Primary Registration District No. 1002

City R. C. mo (No.) St. Ward)

File No. 31266

Registered No. 4216

2. FULL NAME Bud 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 m

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896 date unk

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9/15 1936 m. m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

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)....., M. D.

(Address).....

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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