

DEC 30 1936

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

Do not use this space.

42006

1. PLACE OF DEATH *Head Madrid*
 County *Madison* Registration District No. *607*
 Township *Portageville* Primary Registration District No. *5806*
 City (No.) St. Ward

2. FULL NAME *Jarvis Wash*
 (a) Residence, No. *Portageville, MO* 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>Female</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>_____</i> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 5 - 1925</i> | | | |
| 7. AGE | YEARS | MONTHS | DAYS |
| | | <i>12</i> | <i>3</i> |
| 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) *Cowdree, MO -*
 (STATE OR COUNTRY) *(near)*

 13. NAME *A. J. Wash*

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

 15. MAIDEN NAME *Lou Venia Reed*

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

 17. INFORMANT *A. J. Wash*
 (ADDRESS)

 18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Shaded Brook* DATE *12-9-36*

 19. UNDERTAKER *R. M. Payne*
 (ADDRESS) *Portageville MO*

 20. FILED *Dec 30* 19 *36* *Mary W. Cook*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec, 8* 19 *36*

 22. I HEREBY CERTIFY, That I attended deceased from *last* to *Nov 20*, 19 *36*
 I last saw him alive on *Nov 20*, 19 *36* Death is said

 to have occurred on the date stated above, at *3 a.* m.

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

*I fell when I saw
 it - Pneumonia
 - which have developed
 lately*

Other contributory causes of importance:

None

 Name of operation *None* Date of *None*

 What test confirmed diagnosis *None* Was there an autopsy? *None*

23. If death was due to external causes (violence), fill in also the following:

 Accident, suicide, or homicide? *None* Date of injury *None*, 19 *None*

 Where did injury occur? *None*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

 Manner of injury *None*

 Nature of injury *None*

 24. Was disease or injury in any way related to occupation of deceased? *None*

 If so, specify *None*

 (Signed) *A. A. Reed* M. D.

 (Address) *Portageville MO*

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.

ORIGINAL RESERVED FOR BUREAU

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