

MAR 5 1937 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

(Do not use this space.)

1. PLACE OF DEATH

County
 Township
 City St. Louis (No. 30)

Registration District No. 791
 Primary Registration District No. 1008
1225 S. Compton Ave. St. 2 Ward

File No. 8593
 Registered No. 2050

2. FULL NAME

Floyd Washington

(a) Residence, No. 1225 S. Compton Ave. St. 18 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 Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>10</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Lead Co.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nashville
 (STATE OR COUNTRY) Tennessee

MOTHER
 13. NAME Grundy Washington

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

15. MAIDEN NAME Emma Young

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

17. INFORMANT Anna Washington
 (ADDRESS) 1225 S. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Clarksville, Tenn DATE 2-20 1937

19. UNDERTAKER A. Russell Und. Co.
 (ADDRESS) 2732 Pine Street

20. FILED FEB 18 1937
J. J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936, to Jan 28 1937
 I last saw him alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset July 1935
Acute Appendicitis Dec 24/36
 Other contributory causes of importance: 181

Name of operation Date of
 What test confirmed diagnosis? Examination Was there an autopsy? Yes

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) Stephen J. Pearson, M. D.
 (Address) 3202 S. Park

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

498

Dr Vezeau