

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

Do not use this space.

**JUN 17 1937**

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. 611 S. 5th.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 10492  
 Registered No. 583

2. FULL NAME Norman Washington  
 (a) Residence, No. 611 S. 5th. 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 Maggie Washington  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, '81  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 8 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Richmond  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Maggie Washington  
 (ADDRESS) 611 S. 6th.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ashland Cemetery DATE 5/19/'37

19. UNDERTAKER Graves Funeral home  
 (ADDRESS) 806 S. 17th.

20. FILED 5/19 19 37 A. J. Woodcock  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1936, to May 22 1937

I last saw him alive on April 2nd 1937. Death is said to have occurred on the date stated above, at 1:20 am.

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

Immediate cause of death  
hemorrhage  
The principal cause was  
cardiomegaly  
hypertension  
arteriosclerosis  
of the  
 Other contributory causes of importance:  
None to my knowledge

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Microscopic 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) A. J. Woodcock M. D.

(Address) St. Joseph Mo.

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.

