

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.

OCT 22 1937

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

Do not use this space.

File No. 34821
 Registered No. _____
 _____ St. _____ Ward)

1. PLACE OF DEATH

County Monroe Registration District No. 581
 Township _____ Primary Registration District No. 4343
 City Monroe City (No. _____) St. _____ Ward)

2. FULL NAME Marion Washington

(a) Residence, No. Winter St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Monroe City Mo

13. NAME Marion Washington
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo

15. MAIDEN NAME Martha Lopp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Mo

17. INFORMANT (ADDRESS) George Washington Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Pauls Church DATE Sept 23 1937

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo

20. FILED Sept 21 1937 W. D. Pipkin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1937

22. I HEREBY CERTIFY, That deceased from Sept 20 1937 to Sept 20 1937
 I last saw him alive on Sept 20 1937 Death is said to have occurred on the date stated above, at 7:45 P m.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
1937

Other contributory causes of importance:
Stomach & duodenum
Sept 11/37

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear 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) W. D. Pipkin, M. D.
 (Address) Monroe City, Mo

