

REC'D NOV 14 1938

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

35080
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 30.06
(c) City Columbia (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RACHEL WASHINGTON

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Price Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-10-1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1938
22. HEREBY CERTIFY, That I attended deceased from Aug 21 1938, to Oct 12 1938
I last saw her alive on Oct 11 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri
13. NAME George Stevens
14. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Dusan Warren
16. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri
17. INFORMANT Edna Butler (ADDRESS) Columbia Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 10-15-1938
19. FUNERAL DIRECTOR Stuart P. Parker (ADDRESS) Columbia Missouri
20. FILED 10/14/38 Allie Selby Local Registrar.

Organic Heart Disease
Other contributory causes of importance: 90%
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) O. Moore M. D.
(Address) 201 N. 5th Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1943
R461 52 NRP

STATEMENT BY LICENSED EMBALMER

I, Stuart D. Parker, Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Stuart D. Parker

Licensed Embalmer No. 2900

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)