

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.

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

Do not use this space.

530 AUG 10 1939

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1. PLACE OF DEATH
County Remiscot Registration District No. 655
Township _____ Primary Registration District No. 4392
City Steele (No. _____) St. _____ Ward _____
252

2. FULL NAME Jesse Washington
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1911.
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
28 6 0

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23 .1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:
Left jugular vein cut while in a fight. Date of onset _____
Other contributory causes of importance: 174

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mound Bayou MISS
13. NAME Alex Washington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton L.A.
15. MAIDEN NAME Bessie Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville MISS
17. INFORMANT Alex Washington (ADDRESS) Steele, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Grove Cem DATE _____ 19____
19. UNDERTAKER German Undt Co. (ADDRESS) Steele, Mo. 587
20. FILED 87 1939 L. J. Oldman Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? L Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 7-23, 1939
Where did injury occur? Steele, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Left side of throat cut.
Nature of injury fight
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Jack Kelly coroner M. D.
(Address) Hayti, Mo.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/27/57