

FILED DEC 7 - 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH  
CORONER'S CASE

38516  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Cole Registration District No. 213  
(b) Township..... Primary Registration District No. 3014 Registered No. 318  
(c) or Jefferson City 3 (d) Street No. Mo. State Penitentiary Hospital St.  
(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

THEODORE WASHINGTON

( 53,573

(a) Residence, No. 0 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 20, 1920</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Clerk</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Various</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	<u>?</u>
	13. NAME <u>Unknown</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	<u>?</u>
	15. MAIDEN NAME <u>Unknown</u>	<u>?</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	<u>?</u>
17. INFORMANT <u>Dr. Marshall W. Kelly</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial - St. Louis, Mo</u> DATE <u>12-7-1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Tanner Funeral Home</u> (ADDRESS) <u>Jefferson City, Mo</u>		
20. FILED <u>12/7/1940</u> <u>O. B. Resford</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1940

22. I HEREBY CERTIFY That I attended deceased from December 6, 1940 December 6, 1940  
I saw h. in alive on December 6, 1940 Death is said to have occurred on the date stated above, at 5:20 P. M.  
The principal cause of death and related causes of importance were as follows:  
Intracranial Hemorrhage  
Fracture of Right Parietal Bone  
Date of onset

Other contributory causes of importance: 17516

Name of operation none Date of no  
What test confirmed diagnosis? no 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 12-6-1940  
Where did injury occur? Jefferson City, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Prison

Manner of injury blow with a handle  
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased? ?  
If so, specify no  
(Signed) Trans J. Nichols Coroner, M. D.  
Mokan, Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signature

*L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jefferson City*

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

**If this body is not embalmed, above space should be left blank.**