

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

Do not use this space.

5224

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 100  
City KCMO (No. 100 Hospital St. Ward)

File No. \_\_\_\_\_  
Registered No. 882  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 600 Franklin St. 1 Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mes. 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

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF

Laura Washington

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb 17-1890

7. AGE

| YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|----------|--|
| <u>40</u> | <u>0</u> | <u>6</u> |  |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Truck Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pioneer Construction Co

9. BIRTHPLACE (CITY OR TOWN)

New Orleans

(STATE OR COUNTRY)

La

10. NAME OF FATHER

Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

La

(STATE OR COUNTRY)

La

12. MAIDEN NAME OF MOTHER

Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Dont know

(STATE OR COUNTRY)

14. INFORMANT

Laura Washington (wife)

(Address)

1321 E. 14<sup>th</sup> St. 2<sup>nd</sup> Floor East

15. FILED

7-25-30 M. M. Brown

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

2-23-1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy

(Signed) M. M. Brown M. D.

(Address) Deputy Clerk

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Shreveport, La.

DATE OF BURIAL

2-27-30

20. UNDERTAKER

Thygeson & Greenstreet

ADDRESS

KCMO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact treatment.

2 10 4

31

