

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

Do not use this space.

20970

65

File No. \_\_\_\_\_

Registered No. 218

**1. PLACE OF DEATH**

County Cooper

Registration District No. 218

Township \_\_\_\_\_

Primary Registration District No. 3072

City Boonville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ethel Earlee Washington

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Columbia

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Alfred H. Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>26</u>	<u>3</u>	<u>14</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

13. NAME Willis Smith

14. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Barrie Staden

16. BIRTHPLACE (CITY OR TOWN) Boone County (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Alfred H. Washington  
Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo. DATE 6-17 1931

19. UNDERTAKER (ADDRESS) Stuart P. Parker  
Columbia Missouri

20. FILED 6/10 1931 G. Russell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1931

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to June 10, 1931

I last saw her alive on June 9, 1931. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

General Structure of heart Date of onset 1929

12213  
358135  
718

Other contributory causes of importance:

Secondary anemia  
Malnutrition

Name of operation Kraske & Ostomy Date of May 13

What test confirmed diagnosis? clinical Was there an autopsy? 16

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) Walter Dr. Whitaker, M. D.

(Address) Boonville Mo.

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.

MOJ 25 1931

27  
2  
4

