

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

Do not use this space.

31706

1. PLACE OF DEATH

County Lafayette
Township Adessa
City Adessa (No. _____)

Registration District No. 464
Primary Registration District No. 4277

File No. _____
Registered No. 58 St. _____ Ward _____

2. FULL NAME

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

Will Henry Washington

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8, 1830</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>10</u>
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1931

22. I HEREBY CERTIFY That I attended deceased from Sept 25, 1931, to Sept 26, 1931.
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Peritonitis
Caused by obstruction of bowels - possibly galcolus of intussusception
Other contributory causes of importance:
Colitis

Name of operation 1226 Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) R. J. Peasley M. D.
(Address) Adessa Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa Mo.</u>
	13. NAME <u>Madore Washington</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa Mo.</u>
	15. MAIDEN NAME <u>Lucy Young</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa Mo.</u>
	17. INFORMANT (ADDRESS) <u>Lucy Young, Adessa Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adessa Mo.</u> DATE <u>9/27</u> , 19 <u>31</u>
	19. UNDERTAKER (ADDRESS) <u>L. G. Hester, Adessa Mo.</u>
	20. FILED <u>Oct 6 31</u> <u>R. Schook</u>

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.

OCT 24 1931

Dec 18 -

1931
50
1982

1931-9-19

+ 1931-12-18

59-8-29