

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.
City St. Louis (No.)

File No. 33208
Registered No. 10115
St. Ward)

2. FULL NAME

Malchij Washington
(a) Residence, No. 4392 W. Jefferson Ave St. 11 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 - 1877</u>		
7. AGE	YEARS	MONTHS
	<u>54</u>	<u>1</u>
		DAY
		<u>25</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>Labor 734</u>	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>91</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>		
MOTHER / FATHER	13. NAME <u>Charles Washington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>	
	15. MAIDEN NAME <u>Winnie Richardson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>	
	17. INFORMANT <u>Beel Washington</u> (ADDRESS) <u>4272 W. Jefferson Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>10/1</u> 19 <u>31</u>		
19. UNDERTAKER <u>C. M. C. Green</u> (ADDRESS) <u>3517 Cascade Ave.</u>		
20. FILED <u>SOCT - 1 1931</u> <u>W. H. C. Starker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1931

2. I HEREBY CERTIFY, That I attended deceased from 9/10 1931, to 9/27 1931
I last saw him alive on 9/27 1931. Death is said to have occurred on the date stated above, at 12:38 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchiectasis with
ulceration of Pulmonary
artery (Tuberculosis?)
Date of onset 1929

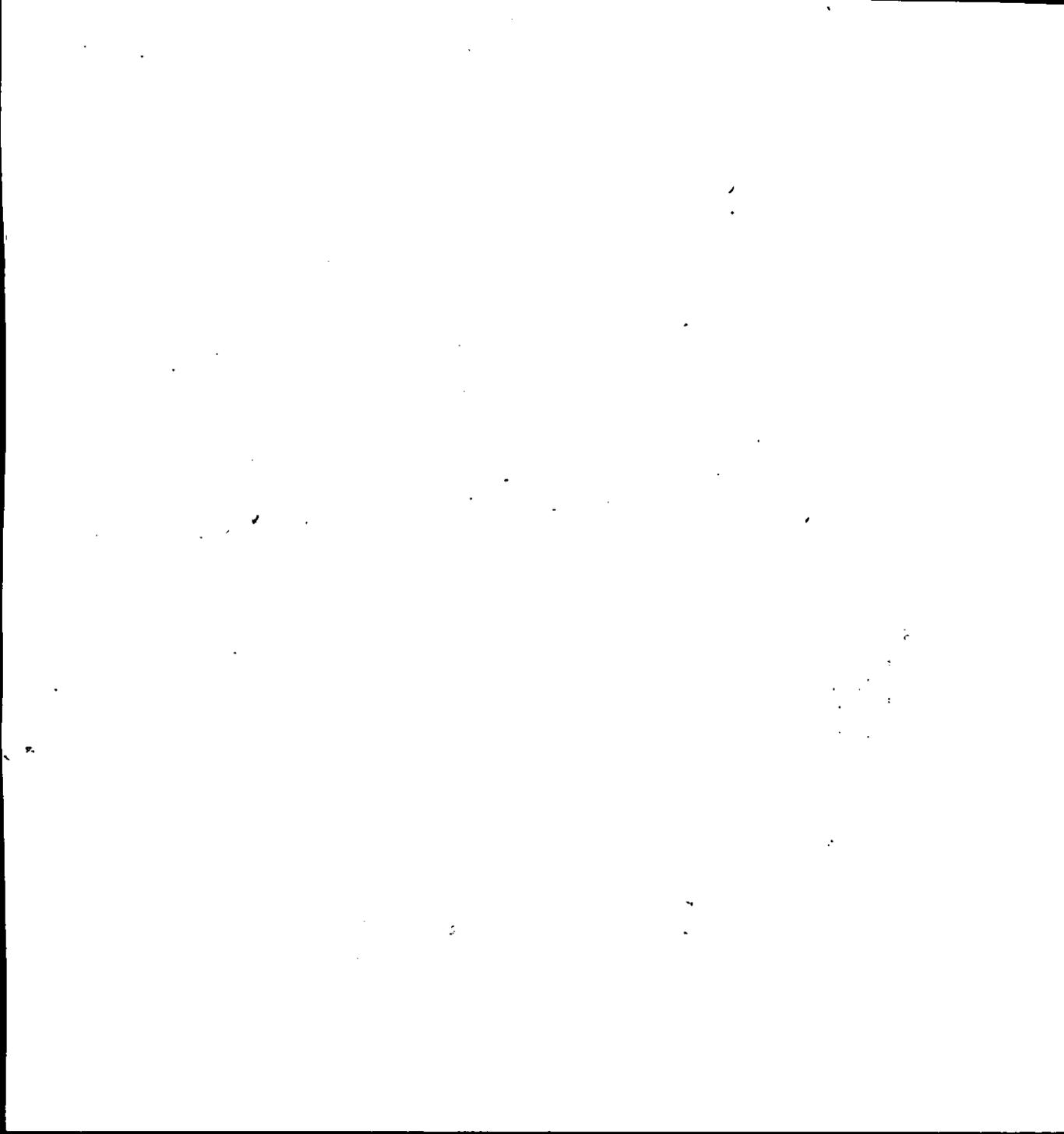
Other contributory causes of importance:
Bronchitis Chronic

Name of operation None Date of
What test confirmed diagnosis? Chemical (with or without autopsy?)

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 St.acker M. D.
(Signed) (Address) 8012 1/2 Jefferson



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 10115
St..... Ward)

2. FULL NAME

Malchiv Washington

(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 101-9-1931 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27 1931

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.....m.

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

Brochoectosis with aneurysm of pulmonary artery (tuberculosis)

Other contributory causes of importance:

Chronic Bronchitis, Tuberculosis of Lungs, Inflammation given over phone by Dr. T.L. Walker Div. of V.S. 11-26-31

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

May C Parkley
Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-33208