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.

AUG 22 1932

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

Do not use this space.

21937

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No.
3 Township — Primary Registration District No. 3006 — Registered No. 147
8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Fred Washington
(a) Residence, No. 204 Lyons St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Minnie Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-13-1882

7. AGE: YEARS 50 — MONTHS 2 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Houseman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 260
10. Date deceased last worked at this occupation (month and year): July 1931
11. Total time (years) spent in this occupation:

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

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — 31

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Minnie Washington Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 7-9, 1932

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

20. FILED: 7/9/1932 Allie Selby Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to July 5, 1932
I last saw him alive on July 5, 1932. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
22A	
Cerebral Hemorrhage	

Other contributory causes of importance:

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) O. A. Moore, M. D.
(Address) 715 Bldg Columbia Mo