

APR 23 1936

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

Do not use this space *7*

6296

1. PLACE OF DEATH

County *Jackson* Registration District No. *399*
Township *Kau* Primary Registration District No. *1002*
City *Kansas City Mo* (No. *1408 Wykeham*)
Registered No. *1192*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1408 Wykeham* St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
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 *Mal* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9/01-1935*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 10

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
Child

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

13. NAME *Otto Washington*

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

15. MAIDEN NAME *Fannet Mae Williams*

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

17. INFORMANT *Otto Washington*
(ADDRESS) *74 14 1/2 St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Blue Ridge Park* DATE *Sept 6 1936*

19. UNDERTAKER *Shelton Funeral Home*
(ADDRESS) *1408 Wykeham*

20. FILED *Shelton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/17/36*, 19
22. I HEREBY CERTIFY, that I attended deceased from *Dr. J. E. Crowe*, 19____
I last saw him alive on *1/27/36*, 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:
Second and third degree burns
Date of onset _____

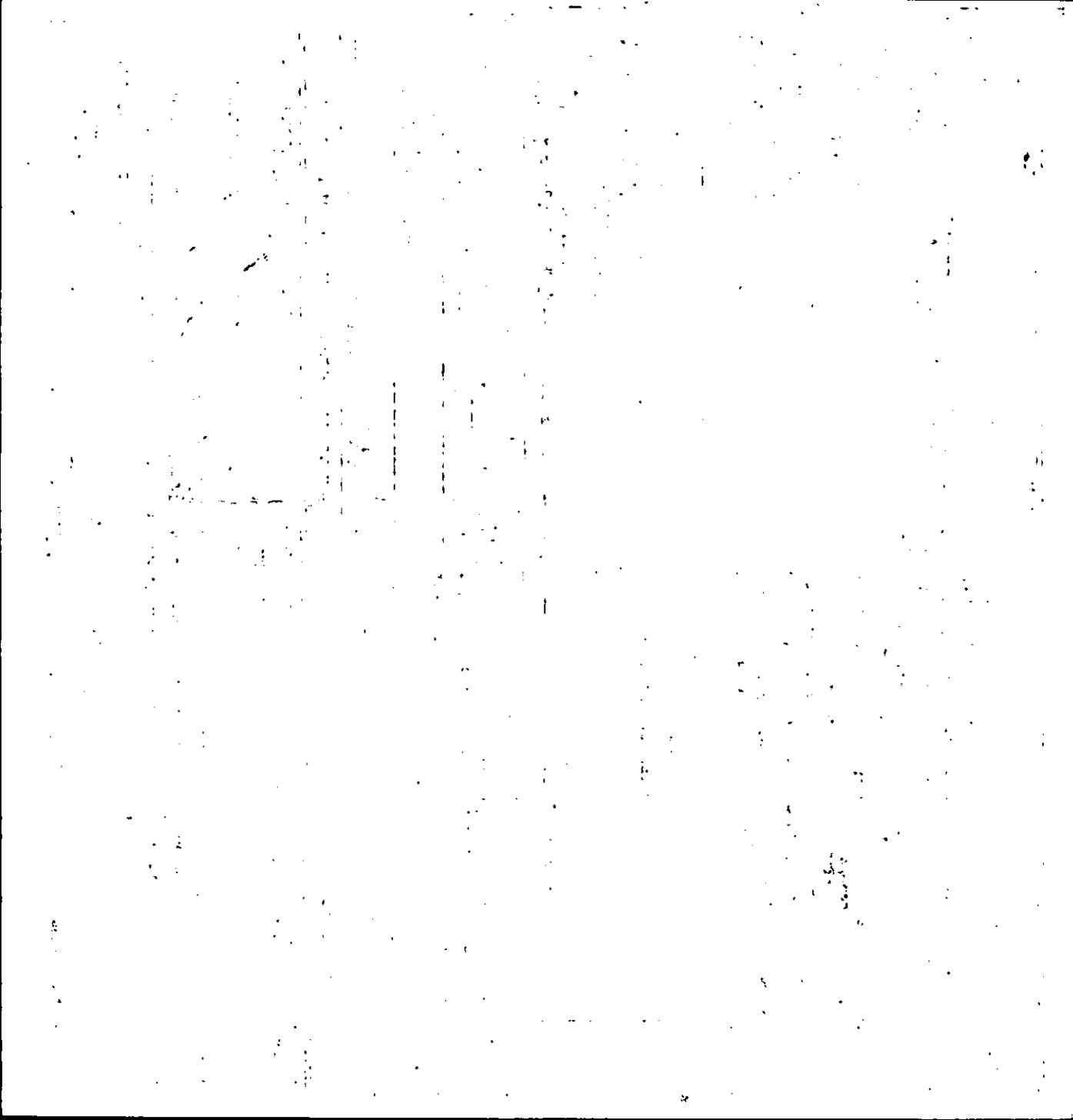
Other contributory causes of importance:
no

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 _____
Where did injury occur *1008 Wykeham Mo*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *at home*
Nature of injury *at night fire*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) *J. E. Crowe*, M. D.
(Address) _____



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. 1192
 City..... (No. 1408, Wynkeham)..... St..... Ward.....

2. FULL NAME

Ralph Washington

(a) Residence, No..... 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 M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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. ormin.
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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 3/5 1936 RA M Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1936

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:

2 + 3rd Deg Burn Date of onset

Other contributory causes of importance:

House caught fire but did not burn.

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? acc Date of injury 2/12 1936

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).....

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