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.

REC'D JUN 9 1938

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

17407
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Saw
(c) City K. C. Mo.
(d) Street No. Genl Hosp #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 2104

2. PRINT FULL NAME Lucy Washington 252
(a) Residence, No. 2721 E 54th St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. ~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~ (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Sam Washington (Deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1872
7. AGE YEARS 65 MONTHS 8 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as 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) Va.

FATHER
13. NAME John Wesley Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Agnes Desper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2
18. BURIAL, CREMATION, OR REMOVAL PLACE Charlottesville, Va., DATE 5-22-38
19. FUNERAL DIRECTOR (ADDRESS) Flynn & Greenstreet K C Mo.
20. FILED May 21, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19, 1938
22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 5-19, 1938
I last saw her alive on 5-19, 1938 Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic	
Broncho - 59	
Pneumonia	

Other contributory causes of importance:
Diabetes Mellitus

Name of operation Amputation Date of 4/29/38
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? No
If so, specify
(Signed) [illegible], M. D.
(Address) General Hosp. #2

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm. G. Flynn, Licensed Embalmer No. 2211

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward J. Evan

L. E. for Flynn & Greenstreet, Undt.

No. 3836 or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm G Flynn

Licensed Embalmer No. 2211

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)