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 12 1939

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

17201
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4735
(c) or City Saint Louis (d) Street No. Saint Mary's Infirmary 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice ashington
(a) Residence, No. 4126 West Belle Place St. 11
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11, 1894
7. AGE: Years 44, Months 8, Days 11; If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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: 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus Mississippi

FATHER
13. NAME: Ernest Hackworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Mississippi

MOTHER
15. MAIDEN NAME: Addie Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus Mississippi

17. INFORMANT (ADDRESS): Arthur Washington 4126 West Belle Place
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: May 25, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Gates 4107-09 Finney Avenue
20. FILED ..... 19 ..... J. F. Bredeck Local Registrar
MAY 24 1939

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22nd, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939, to May 22, 1939
I last saw her alive on May 22nd, 1939. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~Cancer~~ | |
| Obstruction of bowel | 3-4-39 |
| (General carcinosis) | |

Other contributory causes of importance:
Causes of rectum
Primary seat right ovary

Name of operation Tumor removal Date of Mch 6
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? No
If so, specify .....
(Signed) John C Marfit, M. D.
(Address) Missouri Theatre Bldg.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

**If this body is not embalmed, above space should be left blank.**