FILED AUG 11 1939

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

Do not use this space.

File No. 25051
Registered No. 718

1. PLACE OF DEATH
County BUCHANAN 3
Registration District No. 85
Township 1
Primary Registration District No. 1001
City ST. JOSEPH (No. 525 So. 16th St. Ward)

2. FULL NAME Ina F. Washington 952
(a) Residence, No. St., Ward. Lexington MO.
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1864

7. AGE: Years 74 | Months 6 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) St. Louis Mo. 0

FATHER
13. NAME Wm. Henry Sexton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roach Port Mo. 1

MOTHER
15. MAIDEN NAME Kizzie Anna Moss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey "

17. INFORMANT Dr. J. D. Sexton
(ADDRESS) 525 So. 16th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery 7/14/1939

19. UNDERTAKER RAMSEY'S MORTUARY
(ADDRESS) 1602 Messanie St.

20. FILED 7-14 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to July 11, 1939
I last saw her alive on July 11, 1939. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Apoplexy	July 11

Other contributory causes of importance:
Senility - 2 Months

Name of operation None Date of None
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? None Date of injury None, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) [signature] M. D.
(Address) 1908 Messanie - St. Joseph Mo.

STATEMENT BY LICENSED EMBALMER

I, J. F. Ramsey, Licensed Embalmer No. 4081

hereby certify that the body referred to on the reverse side of this

Certificate was embalmed by _____

or by _____, Registered Apprentice No. _____

(Signed) J. F. Ramsey

Licensed Embalmer No. 4081

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