

REC'D AUG 3 1939

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

26323

Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid 2 Registration District No. 604  
(b) Township New Madrid 1 Primary Registration District No. 4358  
(c) City New Madrid or New Madrid (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Lloyd Washington  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) L

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
8 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Caton (STATE OR COUNTRY) mo.

FATHER  
13. NAME Earl Washington

14. BIRTHPLACE (CITY OR TOWN) Leun. (STATE OR COUNTRY) 1

MOTHER  
15. MAIDEN NAME Roxie Dean

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

17. INFORMANT Roxie Dean (ADDRESS) New Madrid, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caton, Mo. DATE June 27, 1939

19. FUNERAL DIRECTOR (NAME) Richards and Co. (ADDRESS) New Madrid, mo.

20. FILED 7/19 1939 Wm O'Bannon Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 21, 1939, to June 21, 1939

I last saw him alive on June 21, 1939. Death is said to have occurred on the date stated above, at 12.00 m. The principal cause of death and related causes of importance were as follows:  
Colitis

Date of onset

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) W. L. Duggan, M. D.

(Address) New Madrid

533

RECEIVED

District Health Officer No. 2

District File Number 839-101

Date Filed 8-2

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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