REC'D AUG 19 1939

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

26628
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
Registration District No. 735
(b) Township or City Moberly
Primary Registration District No. 3034
Registered No. 141
(c) City Moberly
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 252 Haskell Washington
(a) Residence, No. 322 N. 5th 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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/23/87
7. AGE: YEARS 52 MONTHS 5 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc. Drug Store
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): Mo

FATHER
13. NAME: Thomas Washington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Sarah Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Sarah Washington Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE July 25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Robert L. Carr Moberly Mo.
20. FILED July 25 1939 Leah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1939
22. I HEREBY CERTIFY, That I attended deceased from July 22 1939, to July 22 1939
I last saw him alive on July 22 1939. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of bowel

Date of onset: Do not know

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin & Signs & Symp. 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) C. Smith, M. D.
(Address) Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 8-39-1432
Date Filed AUG 9 1939

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly Mo

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

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