

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

Do not use this space.

20996

1. PLACE OF DEATH

County Polay

Registration District No. noy

Township Liberty

Primary Registration District No. 2012

City Liberty (No.)

File No.

Registered No. 60

St. Ward

2. FULL NAME

(a) Residence. No. Sophia Washington St. Liberty Mo. Ward

(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.

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 Aaron Washington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 - -

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Homemaker (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Darville Ky (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Aaron Washington (Address) Liberty, Mo

15. FILED 8/11/29 Wm H Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1929

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1929, to June 10, 1929, and that I last saw h. alive on June 10, 1929, and that death occurred, on the date stated above, at m. 2 A

THE CAUSE OF DEATH* WAS AS FOLLOWS: Genl arteriosclerosis

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Wm H Goodson, M. D.

(Address) Liberty, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Liberty Mo DATE OF BURIAL 6/12/1929

20. UNDERTAKER Church-Crcher Co ADDRESS Liberty Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 24 1929

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