26 1928

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

Do not use this space. 2023-1

FATHER AGE NO.

1. PLACE OF DEATH
County Pemiscot — Registration District No. 114 — File No. 1
Township Butler — Primary Registration District No. 5867 — Registered No. 1
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry B Johnson
(a) Residence. No. ..... St. ..... 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sid Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11

7. AGE: YEARS 38 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: wife of Sid Johnson
(b) General nature of industry, business, or establishment in which employed (or employer): 23A
(c) Name of employer: 31

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER: Jesse Oaks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER: Etta Oaks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Tenn

14. INFORMANT: Sid Johnson
(Address) Portgwille, Mo.

15. FILED Apr 10, 1928 — A. Cook, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw b..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Puberculosis of lungs and Stomach. So the Doctors stated at Mt Vernon State Sanitarium of Missouri (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): last doctored by doctors at Mt Vernon, Mo. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ~~none~~ at home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? general symptoms
(Signed) A. Cook Local Registrar
, 19 (Address) Portgwille, 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: Portagwill Cemetery — DATE OF BURIAL: 1/20 1928

20. UNDERTAKER: R M Payne — ADDRESS: Portagwill Mo

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.