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

Do not use this space.

14143

1928

1. PLACE OF DEATH
County MONTGOMERY
Township Danville
(Near) NEW FLORENCE MO
City (No. ..... St. ..... Ward)

Registration District No. 593
Primary Registration District No. 5786 B

File No. 9
Registered No.

2. FULL NAME FLORA 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 ROBERT JOHNSON

6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 6th 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	6	9	

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

9. BIRTHPLACE (CITY OR TOWN) MONTGOMERY COUNTY
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER JAMES CREGAR
11. BIRTHPLACE OF FATHER (CITY OR TOWN) UN KNOWN
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER LOUIS MURRY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) UNKNOWN

14. INFORMANT ROBERT JOHNSON
(Address) NEW FLORENCE MO

15. FILED Apr 28, 1928 Mrs Kettie Hubbard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APRIL 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1928, to April 25, 1928 that I last saw her alive on April 25, 1928, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Rupture of Uterus while in Labour —

1 W B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Shock — Puerperal
(duration) ..... yrs. ..... mos. ..... ds.

14503

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No X

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis

(Signed) Douglas Wyatt M.D., M.D.
, 19 (Address) New Florence, 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: NEW FLORENCE CEMETERY
DATE OF BURIAL: 4/ 25/28

20. UNDERTAKER: C.W. HOPKINS MONTGOMERY
ADDRESS: CITY 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.