JUN 4 1928

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

Do not use this space.

14506

1. PLACE OF DEATH

County Ray — Registration District No. 915 — File No.

Township KnoxVille — Primary Registration District No. 6236 — Registered No. 7

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cleo Estes 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: Lawrence Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): I2/5/I905

7. AGE: Years 22 — Months 4 — Days I8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo.

PARENTS

10. NAME OF FATHER: N.B. Estes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co Mo.

12. MAIDEN NAME OF MOTHER: Florence Gentry Apr 23 1928

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co Mo.

14. INFORMANT: N.B. Estes (Address) Richmond Mo R.F.D.

15. FILED Apr 24 1928 Mrs. G. W. Gaines REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/23/28 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1928, to Apr 23, 1928 that I last saw her alive on Apr 23, 1928 and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Influenza - Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) D G W Gaines, M. D

(Address) Rayville, 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: Hamilton Cem. — DATE OF BURIAL: 4/25/28 19

20. UNDERTAKER: [illegible] — ADDRESS: Richmond

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2.