OV 21 1928

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

R.G.D. Do not use this space.

33219

1. PLACE OF DEATH
County Dunklin — Registration District No. 290
Township Salem — Primary Registration District No. 5408
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. 50

2. FULL NAME Tempy 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1855

7. AGE: Years 73 | Months 4 | Days 17 | If LESS than 1 day, ..... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Jocks Dabbs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known —
12. MAIDEN NAME OF MOTHER (Not Known) Fishden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known —

14. INFORMANT Lewis Johnson
(Address) Senath Mo.

15. FILED 11-1, 1928. F. A. Speidel M.D. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927, to Oct. 3, 1928, that I last saw him alive on Sept 29, 1928, and that death occurred, on the date stated above, at 3 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic Nephritis
129a 1 57A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Articular Rheumatism
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Roy Speidel, M. D
, 19 (Address) Senath 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: Senath Cemetery — DATE OF BURIAL: Oct. 3 1928

20. UNDERTAKER: McDaniel Furn. Co — ADDRESS: Senath Mo

WHITE 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.