

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.

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

Do not use this space.

41604

JAN 24 1929

1. PLACE OF DEATH

County Livingston  
Township Shellicoth  
City Shellicoth (No. ....)

Registration District No. 515  
Primary Registration District No. 3026

File No. ....  
Registered No. 135 (Ward)

2. FULL NAME Thelma L. Johnson

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

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. (if nonresident give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23-1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
37 2 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife  
(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) Texas Co Mo

10. NAME OF FATHER James W. Bell

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

12. MAIDEN NAME OF MOTHER Lora Jane Bell

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

14. INFORMANT Mrs. F. F. Saunders (Address) Shellicoth Mo

15. FILED 12-24-1928 Richard Dornay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23-1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928, to Dec. 23, 1928, that I last saw her alive on Dec. 23, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia

CONTRIBUTORY (SECONDARY) 100% (duration) 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? examination (Signed) H. H. Hargrave, M. D.

12-24-1928 (Address) Shellicoth 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 Richfield Cemetery DATE OF BURIAL 12-26-1928

20. UNDERTAKER F. B. Norman ADDRESS Shellicoth

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