

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

Do not use this space.

38003

**1. PLACE OF DEATH**

County Pemisscoy Registration District No. 655  
Township Virginia Primary Registration District No. 5872  
City Dexter (No. ....) St. .... Ward)

**2. FULL NAME** Bessie Lee 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. 10 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 child  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
8 8 3

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

9. BIRTHPLACE (CITY OR TOWN) marion ark  
(STATE OR COUNTRY)

10. NAME OF FATHER J.A. Johnson

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

12. MAIDEN NAME OF MOTHER Bessie Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) miss  
(STATE OR COUNTRY)

14. INFORMANT J.A. Johnson  
(Address) Stilwell R. 1

15. FILED 11/3 29 Max P. Kelly  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1929, to Nov. 3, 1929.  
that I last saw her alive on Nov. 2, 1929 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Nephritis

130 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) (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? yes  
WHAT TEST CONFIRMED DIAGNOSIS Clinical & Lab.  
(Signed) James P. Vickrey, M. D.  
, 1929 (Address) Briggsville 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 DATE OF BURIAL  
19

20. UNDERTAKER ADDRESS  
Finnell

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.

THIS IS A PERMANENT RECORD

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