Dr. Marshall

MAR 28 1930

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

Do not use this space.

5735

69

1. PLACE OF DEATH
County Mississippi — Registration District No. 569
Township Ohio — Primary Registration District No. 5765
City Wyatt (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Emmer Lou Johnson
(a) Residence. No. R3D. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Bl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~April~~ Feb 28th 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	~~10~~	22	

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) Farrell
(STATE OR COUNTRY) Mississippi

PARENTS
10. NAME OF FATHER Wash Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Skippers Landing
(STATE OR COUNTRY) Mississippi
12. MAIDEN NAME OF MOTHER Deleth Hickey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hinds County
(STATE OR COUNTRY) Mississippi

14. INFORMANT Washing Johnson
(Address) Wyatt, Mo.

15. FILED 2/18 1930 A. Marshall REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH T. 20 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 2/17/30, 19..., to 2/17/30, 19..., that I last saw her alive on 2/18/30, 19..., and that death occurred, on the date stated above, at 7 20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puerperal Eclampsia
1/16
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 14
(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? clinical
(Signed) A. Marshall, M. D.
2/18, 1930 (Address) Wyatt 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 Oak Grove Cemetery
DATE OF BURIAL 2-19 1930

20. UNDERTAKER Fair Und. Co. Haig
ADDRESS Charleston

WRITE 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.