

JUL 26 1930

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

Do not use this space.

16568

1. PLACE OF DEATH

County *Frank*
Township *Burns*
City *Burns* (No. _____)

Registration District No. *439*
Primary Registration District No. *4257*

File No. _____
Registered No. *156*
St. _____ Ward) _____

2. FULL NAME

Martha E. 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 *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 20 1848*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>81</i>	<i>8</i>	<i>29</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*
(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) *Scotland Co. Mo.*

10. NAME OF FATHER *Jacob Dehman*

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

12. MAIDEN NAME OF MOTHER *Elizabeth Stice*

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

14. INFORMANT *Mrs Mary Luss* (Address) *Burns, Mo.*

15. FILED *6.10.30* *Edward Early* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 19 1930*

17. I HEREBY CERTIFY, That I attended deceased from *May 1 1930*, to *May 19 1930*, and that I last saw him alive on *May 19 1930*, and that death occurred, on the date stated above, at *9 A.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
77-A
90A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *E. E. Symmonds D.O.* M.D.

5/19 1930 (Address) *Greenburg 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 *Pleasant Ridge* DATE OF BURIAL *5/21 1930*

20. UNDERTAKER *J. R. Early* ADDRESS *Burns, Mo.*

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.

