SEP 26 1930

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

Do not use this space.

27479

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township Pemiscot — Primary Registration District No. 5863 — Registered No. 107
City ~~Steele~~ (No. ..... St. ..... Ward)

2. FULL NAME Lulela Johnson
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 4 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-31-1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	4	6	

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

9. BIRTHPLACE (CITY OR TOWN) Steele
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Chas Johnson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Victoria Brawley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Memphis
(STATE OR COUNTRY) Tenn

14. INFORMANT Chas Johnson
(Address) Steele Mo R 2.

15. FILED Aug 7, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-6 1930

17. I HEREBY CERTIFY, That I attended deceased from —, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at 11.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Unknown
I only saw child just before death, the divine healer had attended it for two weeks (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 205B (duration) ..... 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?

Aug 7, 1930 (Signed) J K Wilson M. D.
(Address) Steele, 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: Holly grove Cem.
DATE OF BURIAL: 8-7 1930

20. UNDERTAKER: German and Co
ADDRESS: Steele 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.