

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

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Mo Registration District No. 125
 Township Cape Gir Primary Registration District No. 3009
 City Cape Gir (No. St. Francis Hospital) St. _____ Ward _____
 2. FULL NAME Edith M. Johnson
 (a) Residence, No. 527 S. Queen St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 20770
 Registered No. 701
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Merwin Johnson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1891</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>5</u>	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>				
FATHER	13. NAME <u>J. Johnson</u>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>			
MOTHER	15. MAIDEN NAME <u>Mary Kolwing</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris Mo</u>			
17. INFORMANT (ADDRESS) <u>J. Johnson 326 Independence</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>6/10</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>L. Johnson 2921</u>				
20. FILED <u>6/9</u> 19 <u>31</u> <u>W. K. Simpson</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1931

22. I HEREBY CERTIFY That I attended deceased from June 7 1931, to 6-9 1931
 I last saw him alive on 6-8 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Eclampsia Date of onset 6-8-31
146
145 146
 Other contributory causes of importance:
Pregnancy

Name of operation No. Clinical Date of 5/20
 What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. K. Simpson M. D.
 (Address) Cape Girardeau 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 23 1931

