

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

Do not use this space.

31851

1. PLACE OF DEATH.

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. 719 of Marion)

File No. _____
Registered No. 238
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 719 of Marion St. 4 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flavio J. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1876</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>7</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Wife</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>White Pine Junction Windsor Co Vermont</u>		
13. NAME <u>John W. Blanchard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor Co Vermont</u>		
15. MAIDEN NAME <u>Lucia Cook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Windsor Co Vermont</u>		
17. INFORMANT <u>Mrs. Robert Murphy</u> (ADDRESS) <u>Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>M. O'Connell Cemetery</u> DATE <u>Sept. 3, 1931</u>		
19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>Sept 4 1931</u> <u>A. Cousins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931 to Sept 1, 1931
I last saw her alive on Sept 1, 1931. Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:
Heart muscle failure
Hypertension
Obesity
Date of onset Jan 15, 1931

Other contributory causes of importance:
69

8 Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____
(Signed) H. B. Norton M. D.
(Address) Hannibal 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.

RECORD
OCT 24 1931

