

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.

MAY 23 1932

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

Do not use this space.

16558

File No. 25
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

51 County Johnson Registration District No. 427
2 Township Madison Primary Registration District No. 4253
2 City Holden Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Henretta 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 45 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>Negro</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>Geo. H. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16-1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>12</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>House Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1932</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
MOTHER	13. NAME <u>Samuel L. Brooks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Mary J. Brooks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Robert H. Johnson</u> (ADDRESS) <u>Holden - Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Holden</u> DATE <u>5/30</u>		
19. UNDERTAKER <u>John H. Murray</u> (ADDRESS) <u>Holden, Mo.</u>		
20. FILED <u>May 29</u> 19 <u>32</u> <u>Edward Audrus, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10 1932, to May 28 1932.
I last saw him alive on May 26 1932. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Flu - pneumonia.
Date of onset May 24, 1932

Other contributory causes of importance:
III
III

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Edward Audrus, M. D.
(Address) Holden, Mo.

