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

Do not use this space.

18898

File No. .....

Registered No. 135

1. PLACE OF DEATH

16 County Cape

1 Township Cape

8 City Cape Girardeau (No. St Francis Hospital St. ..... Ward)

Registration District No. 125

Primary Registration District No. 3009

2. FULL NAME Celestial Lenora Johnson

(a) Residence, No. Dexter, Mo. St., ... Ward. St Francis Hospital
(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.

JUL 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10 - 1910

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
21	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) May 15-1932

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo

FATHER

13. NAME Edgar Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo

MOTHER

15. MAIDEN NAME Lanie Runder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gordonville Mo

17. INFORMANT (ADDRESS) Raymond Johnson Dexter

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE June 13 1932

19. UNDERTAKER (ADDRESS) Crawford & Miller Jackson Mo

20. FILED 6/14 1932 Steve Kempfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1932 to 6-11 1932

I last saw alive on 6-11 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance:

Septicaemia

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) Cape Girardeau Mo