

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.

JAN 21 1933

1932-12-22  
1894-4-18  
35 8-4

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

Do not use this space.

38318

## 1. PLACE OF DEATH

County Barton  
Township Franklin  
City Liberal (No. 2)

Registration District No. 41  
Primary Registration District No. 5002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

Pearl Gertrude Johnson  
(a) Residence. No. Liberal, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Fe

## 4. COLOR OR RACE

w

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

Mar

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Harry Johnson

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Apr. 18 1894

## 7. AGE

YEARS 38MONTHS 8DAYS 4

If LESS than 1 day, ..... hrs. or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer). Own home  
(c) Name of employer. Self

## 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Burdett, Mo.

## 10. NAME OF FATHER

Albert Lane

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 12. MAIDEN NAME OF MOTHER

Emma Jeffers

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

## 14.

INFORMANT Hebert Lane  
(Address) Minersville, Mo.

## 15.

FILED 12/24/32 F. R. Spell  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 15. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 27 1932

## 17.

I HEREBY CERTIFY, That I attended deceased from Dec. 7<sup>th</sup> 1932 to Dec. 27<sup>th</sup> 1932 that I last saw him alive on Dec. 22<sup>nd</sup> 1932 and that death occurred, on the date stated above, at 11 A. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza - Child birth and Embolism - Give birth to a girl Dec. 17 - 1932.

## CONTRIBUTORY (SECONDARY)

(duration) 2 yrs 148 mos. 15 ds.  
Flu. 148 mos. 148 ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) F. R. Spell M. D.

. 19 (Address) Liberal 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

## DATE OF BURIAL

Liberal Dec. 23 1932

## 20. UNDERTAKER

## ADDRESS

Berkey Funeral Service Liberal, Mo.

