

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

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 23 1933

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

Do not use this space.

1. PLACE OF DEATH  
 39 County GREENE Registration District No. 317  
 2 Township \_\_\_\_\_ Primary Registration District No. 4192  
 6 City REPUBLIC MO. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME RACHEL 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

39217

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 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 WIFE OF JAMES JOHNSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 12 1876

7. AGE YEARS 56 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE KEEPING  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 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) MISSOURI

FATHER 13. NAME WASH ELDRIDGE  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

MOTHER 15. MAIDEN NAME RYAN MCHAFFEY  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT (ADDRESS) James Johnson, Republic, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill Cemetery DATE Dec. 26 1932  
 19. UNDERTAKER (ADDRESS) R. E. Thurman, Republic, Mo.  
 20. FILED 12/26 1932 V. W. Shower Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1932, to 12-24-1932. I last saw h. ev. alive on 12-24-1932. Death is said to have occurred on the date stated above, at 9:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
48 Malnutrition of the uterus  
 Other contributory causes of importance: 48 (3) Duplication of the uterus  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. E. Mitchell, M. D.  
 (Address) Box 234, Republic Mo

