

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

Do not use this space.
20500

1. PLACE OF DEATH

County New Madrid
Township
City Fajardo

Registration District No. 604
Primary Registration District No. 5802

File No. 359
Registered No.
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Aug Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893-Jan-1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 5 28

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

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) New Madrid county

FATHER 13. NAME George Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER 15. MAIDEN NAME Marjorie Cook

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

17. INFORMANT Shelma Jackson (ADDRESS) new Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE East side DATE June 29, 1933

19. UNDERTAKER Richards Hill Co. (ADDRESS) new Madrid

20. FILED 7/11/33 W. N. O'Bannon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th, 1933

22. I HEREBY CERTIFY That I attended deceased from May 10, 1933, to June 29, 1933. I last saw her alive on 6-27, 1933. Death is said to have occurred on the date stated above, at 12:30 p.m. The principal cause and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

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? no
If so, specify _____
(Signed) W. L. Dugas _____, M. D.
(Address) New Madrid mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUG 26 1933

Handwritten signature



Small handwritten mark or character