

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.

SEP 26 1933

De Fallet.

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

Do not use this space.

26808

1. PLACE OF DEATH  
50 County Jackson Registration District No. 420  
Township Valle Primary Registration District No. 5374  
City Blackwell (No. ....) St. .... Ward)

2. FULL NAME Wanda Gray Johnston  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1930

7. AGE YEARS 3 MONTHS 1 DAYS 25 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

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

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) Weston Mo.

MOTHER FATHER

13. NAME Thomas Johnston

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

15. MAIDEN NAME Astoria Craig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old mine Mo.

17. INFORMANT Thomas Johnston (ADDRESS) Blackwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwell Mo DATE 8-16 1933

19. UNDERTAKER Richardson, Motherhead (ADDRESS) Blackwell Mo.

20. FILED 8/16 1933 Dr. De Fallet Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from never 19     to      19      
I last saw her alive on 8/15 1933. Death is said to have occurred on the date stated above, at 8 A. m.  
The principal cause of death and related causes of importance were as follows:

Sepsis (Longitudinal)  
Was dying when I arrived.

Other contributory causes of importance:     

10  
Name of operation No Date of       
What test confirmed diagnosis? membrane 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) Dr. De Fallet M. D.  
(Address) Blackwell Mo.

Date of onset about night

