

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

Do not use this space.

32410

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 3099
 City 11 No. Browns Add. St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Browns Add. 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 4 - 1907</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>2</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>		
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) <u>Cape Girardeau Mo</u>		
FATHER	13. NAME <u>Tom Johnson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Gertrude Vinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Henry Johnson</u> <u>Cape Girardeau Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Cemetery</u> DATE <u>10/11</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Haman's Funeral Home</u> <u>Cape Girardeau Mo</u>		
20. FILED <u>10/11</u> 19 <u>33</u> <u>W. K. Campbell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 10 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 , 1933, to Oct 9 , 1933.

I last saw him alive on Oct 9 , 1933. Death is said

to have occurred on the date stated above, at 2:30 p.m.

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

Pneumonitis 121A
due to ruptured
apex of lung
 Other contributory causes of importance
Refusal of operation

Date of onset

Name of operation no op Date of _____

What test confirmed diagnosis? ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 1933

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) W. M. Marshall , M. D.

(Address) Cape Girardeau Mo

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.

NOV 10 1933

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