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.

SEP 29 1934

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

Do not use this space.

30177

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 10
Township Anderson — Primary Registration District No. 4033 — Registered No. 1051
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Laura Johnson
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 Joseph Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7-1910

7. AGE — YEARS 24 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Alton Ill.

FATHER
13. NAME Holland Kean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ill.

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont "

17. INFORMANT (ADDRESS) J. B. Johnson Gideon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE 8-13 1934

19. UNDERTAKER (ADDRESS) Gideon Anderson Gideon Mo.

20. FILED 8-13 1934 Sept 10 M. D. Munn Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from On, Aug 12, 1934, to ....., 19..
I last saw her alive on Aug 12, 1934. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	Aug 1
Following Gonococcus infection seven weeks prior	

Other contributory causes of importance:
Gonococcus inflammation and pelvis abscess

Name of operation None — Date of ✓
What test confirmed diagnosis? ✓ — 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) Grayson Carlton, M.D.
(Address) Malden,

100M-11-24-33