

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

Do not use this space.

OCT 15 1934

1. PLACE OF DEATH

County Lawrence Registration District No. 470
 Township Mont. Vernon Primary Registration District No. 5633
 City (No. _____) St. _____ Ward _____

File No. 33300
 Registered No. 78

2. FULL NAME

(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. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-71

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>5</u>	<u>17</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 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) Bellevue, Mo.

13. NAME S. B. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellevue, Mo.

MOTHER
 15. MAIDEN NAME Emma Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

17. INFORMANT State Sanatorium, Bellevue
 (ADDRESS) Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellevue, Mo. DATE Sept 23, 1934

19. UNDERTAKER Geo. B. Owen & White
 (ADDRESS) Bellevue, Mo.

20. FILED 9/24 1934 P. A. Holmes
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/25, 1933, to 9/22, 1934

I last saw her alive on 9/22, 1934 Death is said to have occurred on the date stated above, at 10:37 p.
 The principal cause of death and related causes of importance were as follows:

Subsidiary
tuberculosis 1930
 Other contributory causes of importance: 23
none

Name of operation none 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) J. B. Stokes, M. D.
 (Address) Mont. Vernon, Mo.

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.

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

