

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.

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

Do not use this space.

DEC 20 1934

40528

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City East St. Louis

Registration District No. 774  
Primary Registration District No. 6018 B

File No. 137  
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. 7 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-19-34</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Leadings mo</u>	
FATHER	13. NAME	<u>Lloyd Johnson</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Leadings</u>
MOTHER	15. MAIDEN NAME	<u>Francis Caham</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Leadings mo</u>
17. INFORMANT (ADDRESS)	<u>Thos. Calham Easton mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Russell Chapel</u>	DATE <u>Nov 26 1934</u>
19. UNDERTAKER (ADDRESS)	<u>R. G. Caldwell Flat River mo.</u>	
20. FILED	<u>C. B. Burrow</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1934 to Nov 25 1934

I last saw him alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 9:30 am

The principal cause of death and related causes of Importance are as follows:  
159 Premature 170  
7 months gestation  
Premature birth  
Cause not known

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. G. G. G. G. G., M. D.  
(Address) Flat River mo

