

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

Do not use this space.

43887

DEC 27 1934

**1. PLACE OF DEATH**

County Demasco Registration District No. 114  
 Township Sodan Primary Registration District No. 5889  
 City Portageville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Portageville, Mo 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
 6A. IF MARRIED, WIDOWED, OR DIVORCED Child  
 HUSBAND OF (OR WIFE OF)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-1934  
 7. AGE YEARS \_\_\_\_\_ MONTHS 7 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Child  
 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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1934 to only, 1934  
 I last saw him alive on Dec 2, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Influenza & Bronchi-pneumonia  
 11A  
 107A  
 Other contributory causes of importance: Ha

12. BIRTHPLACE (CITY OR TOWN) Portageville (STATE OR COUNTRY) MO  
 13. NAME Harry Alexander  
 14. BIRTHPLACE (CITY OR TOWN) Portageville (STATE OR COUNTRY) MO  
 15. MAIDEN NAME Louise Pearl Johnston  
 16. BIRTHPLACE (CITY OR TOWN) Johnston (STATE OR COUNTRY) CO  
 17. INFORMANT Harry Alexander (ADDRESS) Portageville  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 12-6-34  
 19. UNDERTAKER R M Payne (ADDRESS) Portageville  
 20. FILED 12/19 1934 Registrar.

Name of operation \_\_\_\_\_ 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) A. A. Reeder, M. D.  
 (Address) Portageville, 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.

Johnston E.

Fossil Pearl