

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

Do not use this space.

16706

JUN 24 1935

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Kaw Primary Registration District No. 1
 City Camden (No. 1) General Hosp St. _____ Ward _____

File No. 2219
 Registered No. _____

2. FULL NAME

(a) Residence, No. 548 E 27th 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) KC Mo

13. NAME Ralph Johnson

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

15. MAIDEN NAME Shirley Linn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Reverend Clerk
 (ADDRESS) 12 General Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland DATE 5 29/35

19. UNDERTAKER Stoney McElreath
 (ADDRESS) 3235 Sullivan Plaza

20. FILED 5-29, 1935 9 AM McElreath Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-18, 1935, to 5-28, 1935

I last saw her alive on 5-25, 1935 Death is said to have occurred on the date stated above, at 2:30 AM

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

Whooping Cough Date of onset _____

Other contributory causes of importance: Secondary Pneumonia

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 _____, 1935

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) _____, M. D.

(Address) General Hosp

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.

