

JUN 20 1935

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

Do not use this space.

1935

1. PLACE OF DEATH

County Dallas
Township N. Benton
City Buffalo

Registration District No. 241
Primary Registration District No. 6338

File No. _____
Registered No. 947
St. _____ Ward _____

2. FULL NAME

Helen M. Johnson

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Dec. 8, 1910

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

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

13. NAME Chas. H. Johnson

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

15. MAIDEN NAME Blanche Hunt

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

17. INFORMANT (ADDRESS) Blanche Johnson Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dallas DATE 6-4-35

19. UNDERTAKER (ADDRESS) H. B. Jones Buffalo Mo.

20. FILED 7/10 1935 Hannay Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to 6-2-35, 1935
I last saw her alive on 6-2-35, 1935 Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1927

Other contributory causes of importance:
Intestinal Tuberculosis 1934

Name of operation Phrenectomy Date of 1934
What test confirmed diagnosis? X Ray 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) Gleblimmer, M. D.
(Address) Buffalo 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.

THIS IS A PERMANENT RECORD

