

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.

25728

SEP 18 1935

**1. PLACE OF DEATH**

County Butler Registration District No. 89 File No. \_\_\_\_\_  
 Township Paplar Bluff Primary Registration District No. 5131 Registered No. 150  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Inf Daughter of Chas Johnson  
 (a) Residence, No. 17 1/2 S. W. Paplar Bluff Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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.

**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) Aug 8 - 1935  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
— — 7

OCCUPATION  
 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) Butler Co Mo

FATHER  
 13. NAME Chas Johnson

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

MOTHER  
 15. MAIDEN NAME Erna Thies

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

17. INFORMANT (ADDRESS) Chas Johnson  
17 1/2 S. W. Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE Aug 10, 1935

19. UNDERTAKER (ADDRESS) N. J. Rhea  
Paplar Bluff Mo

20. FILED Aug 10, 1935 Blitzinger  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1935 to Aug 9, 1935  
 I last saw her alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 4:20 p.m.  
 The principal cause of death and related causes of importance were as follows:

Premature Birth  
about 6 1/2 mo.  
 Other contributory causes of importance:  
no further study  
cause for it

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), filling 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) J Lee Harwell, M. D.  
 (Address) 10 Cedar Bluff, Mo

