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.

MAR 25 1936

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

Do not use this space.

7440

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township — Primary Registration District No. 6020-A — Registered No. 10
City Bonne Terre (No. Bonne Terre Hospital St. Ward)

2. FULL NAME Lucy Jane Johnson
(a) Residence. No. Belgrade Mo St., 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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Johnson.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 - 1864

7. AGE: 72 YEARS, 9 MONTHS, 8 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Thomas Chappel
(STATE OR COUNTRY) Belgrade Mo

PARENTS
10. NAME OF FATHER Riley Thomas.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucy Jane Breckenridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY)

14. INFORMANT Frank Johnson
(Address) Bismarck Mo

15. FILED 2-10, 1936 N. W. Hawkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1936

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1936, to Feb. 5, 1936 that I last saw her alive on Feb. 5, 1936, and that death occurred, on the date stated above, at 11:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage.
82 a/
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Belgrade, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.
(Signed) David Esmith, M. D.
19 (Address) Bonne Terre, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Caledonia Mo. — DATE OF BURIAL: 2-8-1936

20. UNDERTAKER: White & Son — ADDRESS: Ironton Mo.