

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.

OCT 2 1936

33313

1. PLACE OF DEATH

County St. Louis Registration District No. 796
Township Marshall Primary Registration District No. 6039
City St. Louis (No. County Home St. Ward)

File No.

Registered No. 163

2. FULL NAME

(a) Residence, No. 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 Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED OF (OR) WIFE OF Henry Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 65 - - - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife Retired
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) Leopington, Mo

FATHER 13. NAME Washington

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

MOTHER 15. MAIDEN NAME Lurinda Washington

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

17. INFORMANT (ADDRESS) F. J. Carter Sweet Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs, Mo DATE Aug 24, 1936

19. UNDERTAKER (ADDRESS) W. S. Harvey Sweet Springs, Mo

20. FILED Aug. 22, 1936 Leopington Deputy Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to 8/27, 1936
I last saw her alive on 7/21, 1936. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 8/21/36

Other contributory causes of importance: Fr. of hip 6/24/36

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

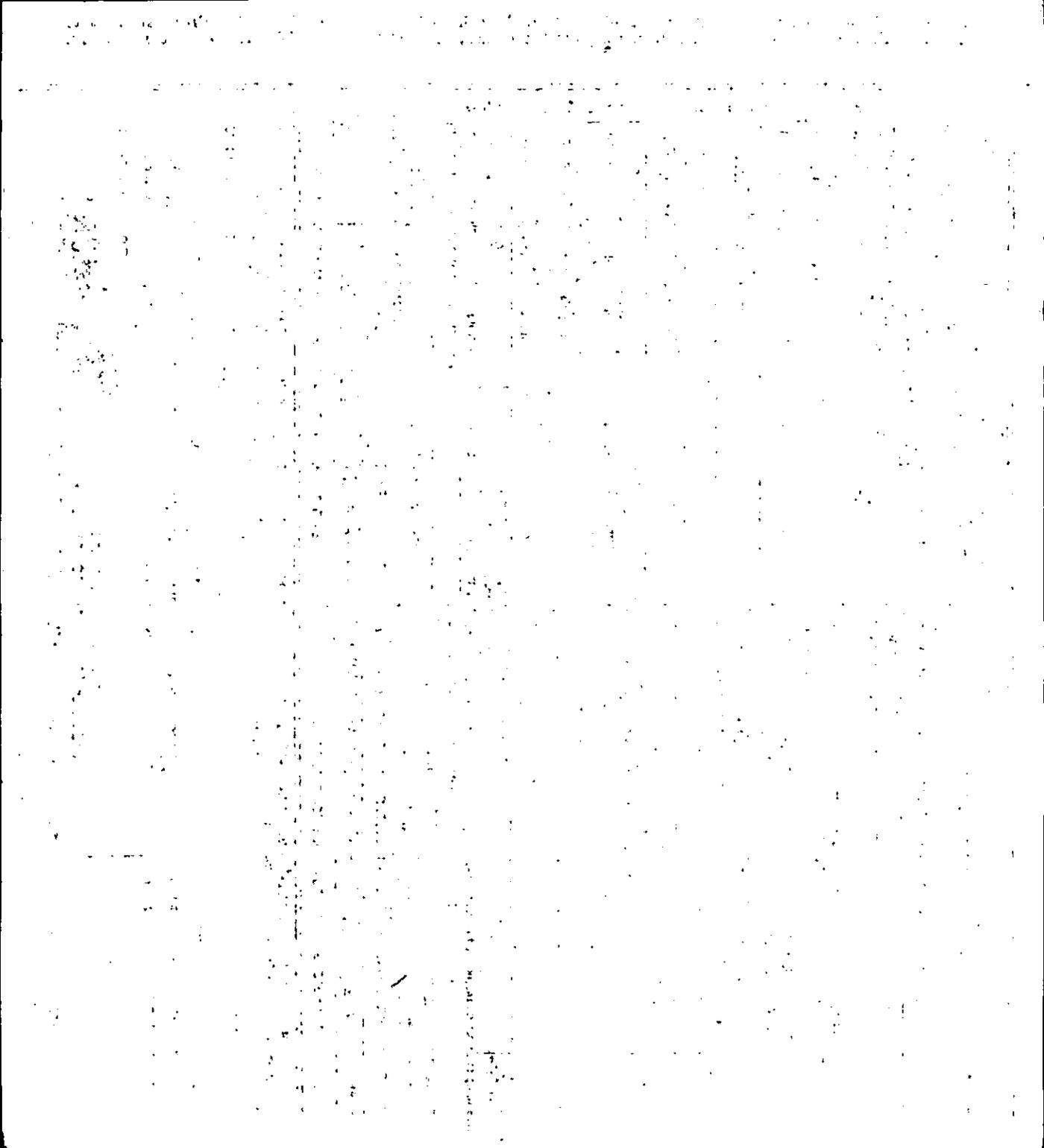
23. If death was due to external causes (violence); fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)

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) Arthur W. Taylor, M. D.
(Address)



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City No. St. Ward

Registration District No. 796
Primary Registration District No. 6039

File No.
Registered No. 163

2. FULL NAME

Nancy Johnson
(a) Residence, No. 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 7 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or 1 yr. or 1 mo. abt 65

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 27, 1936

Theodore Newton
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

fracture of hip
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? Accident Date of injury 6/24, 1936
Where did injury occur? Sweet Springs, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall
Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) R. C. Haynes M. D.
(Address) Marshall 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.

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