

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.

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

Do not use this space.

DEC 20 1936

41578

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. 1101 Jersey) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Emma Johns De Chuman

(a) Residence, No. 2 Glask. St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1936 to Nov. 10 1936, 1936

I last saw her Nov. 10 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 — — —

Chronic Endocarditis (Date of onset _____)

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

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 _____

Other contributory causes of importance: No history

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

13. NAME E. A. Johns

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy NO

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

15. MAIDEN NAME Kate M. Johns

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

17. INFORMANT Henry Johns (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Public Cemetery DATE Nov. 11 1936

19. UNDERTAKER Knee Mortuary (ADDRESS) Carthage, Missouri

20. FILED Nov. 11 1936 E. B. Clinton Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) W. J. Pugh M. D. (Address) Carthage, Mo.

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