

MAR 16 1937

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

Do not use this space.

5221

1. PLACE OF DEATH

County... Butler
Township.....
City... Poplar Bluff (No. 808 Kinzer St.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 57
St. Ward)

2. FULL NAME Baby Johnson

(a) Residence, No. 808 Kinzer St. 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 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) Feb. 12 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. STILLBORN

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) Poplar Bluff, Missouri
(STATE OR COUNTRY)

13. ~~Name~~ Curtner Johnson

14. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Virginia Hamilton

16. BIRTHPLACE (CITY OR TOWN) Mayfield, Kentucky
(STATE OR COUNTRY)

17. INFORMANT Curtner Johnson
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cem.
PLACE Poplar Bluff DATE 2/12/1937

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 57 Blutinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1937 to Feb 12 1937

I last saw her alive on Feb 12 1937 Death is said to have occurred on the date stated above, at 2 P.M.

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

Other contributory causes of importance:

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? 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) A. P. Bous M. D.
(Address) Poplar Bluff, 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.

