

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City Cape Girardeau

Registration District No. 128
Primary Registration District No. 3009

File No. 5332
Registered No. 48
St. 1 Ward

2. FULL NAME

(a) Residence, No. Charleston, Mo.
(Usual place of abode)

St. 1 Ward Charleston

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 2

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James W. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	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)
Lurington County Ky.13. NAME
Johnson Threll14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown15. MAIDEN NAME
Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown17. INFORMANT
James W. Johnson, Jr.
(ADDRESS) 740 #2 Charleston, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACES
W. V. F. Custer DATE Feb. 10, 3719. UNDERTAKER
Frank Paul Jones
(ADDRESS) Charleston, Mo.20. FILED 2-8 1937 J. M. Chapman RegistrarMEDICAL CERTIFICATE OF DEATH 6:45 P.M.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 193722. I HEREBY CERTIFY, That I attended deceased from 9/6 37 to 2/8 37I last saw her alive on 2/8 1937 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

Pneumonia (Bronch)
11/11
Other contributory causes of importance:
INFLUENZA

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) at death M. D.(Address) Cape Girardeau

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.

DEC 23 1951