

FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi Registration District No. 566 File No. 7286
Township Franklin Primary Registration District No. 5762 Registered No. 23
City Charleston (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. RFD #2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX J 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Near 25

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

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) Plattsville Ark.

13. NAME Will Johnson

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

15. MAIDEN NAME Annie Hooker

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

17. INFORMANT Lee Johnson RFD #2 - Charleston (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Country DATE Feb 7 1937

19. UNDERTAKER Frank Laid Funeral Home (ADDRESS) Charleston Mo.

20. FILED 2-7-1937 Frank Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH 1:15 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937, to Feb 5th, 1937

I last saw him alive on Feb 5th, 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:

Lobar Pneumonia
Date of onset _____
Other contributory causes of importance: 108

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? no
If so, specify _____

(Signed) Spencer M. D.
(Address) Charleston 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.

