

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Linn Co. Registration District No. 651 File No. 17172
Township Little Prairie Primary Registration District No. 5-862 Registered No. 39
City Little Prairie (No.) St. () Ward ()

2. FULL NAME

(a) Residence, No. Emma Johnson St. () Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</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>Jordan Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1862</u>		
7. AGE <u>About 75</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>		
MOTHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT (ADDRESS) <u>Jordan Johnson</u> <u>Hamlettsville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>County Farm</u> DATE <u>April 14, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hardick</u> <u>Hamlettsville, Mo.</u>		
20. FILED <u>April 24, 1937</u> <u>Uda Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 193722. I HEREBY CERTIFY, That I attended deceased from Mar 15 1937 to Apr 10 1937I last saw h. or alive on Apr 12 1937 Death is saidto have occurred on the date stated above, at 5A m.

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

Influenza

Date of onset

3/10/37Other contributory causes of importance: SenilityName of operation no Date ofWhat test confirmed diagnosis? 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

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) L. D. Denton M. D.(Address) Braggadocia, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

