

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 Pettis
 4 Township Sedalia
 8 City Sedalia (No. _____)

 Registration District No. 668
 Primary Registration District No. 3032

 + 17241
 File No. 145
 Registered No. 668
 St. _____ Ward)

2. FULL NAME

Clairice Johnson
 (a) Residence, No. 434 N Washington Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

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

7. AGE 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.

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) Montgomery City (STATE OR COUNTRY) Mo.13. NAME Dont Know14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)15. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)17. INFORMANT'S Adrian Johnson (ADDRESS) 508 North Main Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE May 2 193719. UNDERTAKER Price Alexander (ADDRESS) 400 W Cooper St.20. FILED 4-30- 1936 Jenni Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 193722. I HEREBY CERTIFY, That I attended deceased from as Coronar Case only, 1937I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 1:59 p. m.

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

accidental death due to suffocation from smoke
 Date of onset

Other contributory causes of importance:

chronic myocarditis

 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4 29, 1937Where did injury occur? Sedalia, Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Accidental suffocation from smoke
Nature of injury plus weak heart24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify _____ (Signed) C. Gordon Stauffer M. D.(Address) Coronary Pettis County

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 17241

Township Sedalia

Primary Registration District No. 3032

Registered No. _____

City Sedalia (No. _____)

St. _____ Ward _____

2. FULL NAME

Clarissa Johnson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

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

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>92</u>	<u>—</u>	<u>—</u>	

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____

Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19 _____

I last saw him alive on _____, 19 _____ Death is said to have occurred on the _____ above, at _____ m.

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

Date of onset _____

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) C. Garden Stauffacher

(Address) Crown Pettis Co

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-17241