

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.

AUG 26 1937

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

Do not use this space.

27814

1. PLACE OF DEATH

County Phyllisippi Registration District No. 5-66
Township Phyllisippi Primary Registration District No. 5762
City Phyllisippi No. _____ St. _____ Ward _____

File No. _____
Registered No. 143

2. FULL NAME

(a) Residence, No. Delora Johnson RFD #3 Noel High farm Wrd. _____
(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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 23

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) Charlotte Mo.

13. NAME Henry Johnson

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

15. MAIDEN NAME Nancy Lee Spencer

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

17. INFORMANT (ADDRESS) Lee Spencer 1204 1/2 Charlotte St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Aug 4 37

19. UNDERTAKER (ADDRESS) Frank J. Spencer Service Phyllisippi Mo.

20. FILED 8-4- 1937 F. S. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30 1937 to Aug 3 1937
I last saw h. e. alive on Aug 1 1937 Death is said to have occurred on the date stated above, at 1:15 p. m.

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

Broncho pneumonia Date of onset 7/20/37

Other contributory causes of importance: 9

W. haoping caught DK.

Name of operation none Date of _____
What test confirmed diagnosis? Cl. sympt. 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 _____ 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) E. Chas. Rasmus M. D.
(Address) Charleston, Mo.

