

AUG 26 1937

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

Do not use this space.

27905

1. PLACE OF DEATH

County New Madrid ² Registration District No. 605
Township Como Primary Registration District No. 4359
City Parma (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jewell Gilett 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1936-12-25

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
no 6 18

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) no Parma mo

13. NAME Jesse Johnson

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

15. MAIDEN NAME Maggie Hentry

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

17. INFORMANT Jesse Johnson (ADDRESS) Parma mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma Cemetery DATE July 14 - 37

19. UNDERTAKER T. C. Knight (ADDRESS) Parma mo

20. FILED 7/14 1937 Dr. C. W. Justis Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 13, 1937

I last saw h. or alive on July 13, 1937 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Colitis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify C. W. Justis
(Signed) _____, M. D.

(Address) Parma

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

