

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Dexter 2
Prelar Bluff 1
Prelar Bluff

Registration District No.

Primary Registration District No.

89
3007

File No.

Registered No.

30245

201

St.

Ward)

2. FULL NAME Mayme Hinman Johnson

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Herman Johnson

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

Jan. 25, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

yrs.

50

6

15

OCCUPATION

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

Domestic

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)

Indiana

MOTHER FATHER

13. NAME

George W. Hinman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Charlotte Ketcham

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

17. INFORMANT

(ADDRESS)

Clyde Hinman

Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Essex Cemetery DATE 8/13/37

19. UNDERTAKER

(ADDRESS)

Blankenship-Strickland

Dexter, Mo.

20. FILED

8/11

1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1937, to 8-11, 1937

I last saw her alive on 8-11, 1937. Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Acute myocardial infarction
secondary to

Date of onset

Other contributory causes of importance

hypertension & atherosclerosis
8-1-37

Name of operation Autopsy & edatation Date of 8-11-37

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)

Blankenship-Strickland, M. D.
(Address) Prelar Bluff, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

