

SEP 20 1937

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

Do not use this space.

31064

1. PLACE OF DEATH

County Lafayette
Township Lexington
City (No.)

Registration District No. 461Primary Registration District No. 3-025
5625File No. 67Registered No. St. Ward 2. FULL NAME Mildred 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 Fe.4. COLOR OR RACE col.5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.1834

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.School9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Chicago, Ill.

FATHER

13. NAME George Johnson,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Sugar Lock, Miss.

MOTHER

15. MAIDEN NAME Mattie Starks16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Edwards, Miss.17. INFORMANT Mattie Anderson,
(ADDRESS) Lexington, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo. DATE Aug. 15, 193719. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.20. FILED Aug 15 1937 Jays B Bates
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 15, 1936 to Aug. 13, 1937I last saw her alive on Aug. 10, 1937 Death is saidto have occurred on the date stated above, at 2:25 p.m.

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

Phthisis

Date of onset

9/1/36Other contributory causes of importance: 23Name of operation Date of What test confirmed diagnosis? P. P. Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. G. Starks

M. D.

(Address) Lexington, 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.

