

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Mussey mo.
City Adair mo. (No.)

Registration District No. 26
Primary Registration District No. 2002

File No. 36994
Registered No. 150
St. Ward

2. FULL NAME

(a) Residence, No. Vandalia mo 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Oct 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15 1921

I last saw her alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 10 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 6 18

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school girl
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Date of onset

Acute purpurous appendicitis
typhoid fever
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia mo.

13. NAME Wm. Johnson

Name of operation appendectomy Date of 10/1/37

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

What test confirmed diagnosis? findings Was there an autopsy? no

15. MAIDEN NAME Carda Harris

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury , 19

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Wm. Johnson (ADDRESS) Vandalia mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia mo DATE Oct 6, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER W. S. Waters, Vandalia mo (ADDRESS)

If so, specify

20. FILED Oct 6 - 1937 Blanche Neely Registrar

(Signed) , M. D.

(Address) Mexico, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 9 1947

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

36994
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 26
 (b) Township Primary Registration District No. 2002 Registered No.
 (c) City Mexico Mo. (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clara Johnson
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE Colored 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. School girl
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 6 1937 Blanche Neely Local Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
 I last saw h. alive on 19..... Death is said to have occurred on the date stated 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) H. C. Brushear , M. D.
 (Address) Mexico Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. USE OF DEAD IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

