

JAN 20 1938

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

Do not use this space.

46077

1. PLACE OF DEATH.

69 County Missouri
Township Waverly
City Charleston No. 2

Registration District No. 566
Primary Registration District No. 5762

File No. 201
Registered No. 201
St. Mo. Ward

2. FULL NAME

(a) Residence, No. RFD # 2 J. W. Johnson Charleston (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1896
7. AGE YEARS 41 MONTHS 0 DAYS 20 If LESS than 1 day, hrs. or min.

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

MOTHER 13. NAME Robert Weatherpoon 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Anna Riley

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

17. INFORMANT James R. Brown (ADDRESS) RFD # 2 - Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson's DATE Dec. 16 37

19. UNDERTAKER Frank (ADDRESS) Charleston Mo.

20. FILED 12-14-1937 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1937, to Dec 13 1937.
I last saw h. alive on Nov 1st 1937. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Cancer of Breast (Carcinoma)
was operated for Cancer of Breast

Other contributory causes of importance: 50

Name of operation Cancer Date of 10
What test confirmed diagnosis Smear Was there an autopsy? 10

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) Frank S. Vernon 1, M. D.
(Address) Charleston 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.

