

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

2656
Do not use this space.

1. PLACE OF DEATH

(a) County Deerfield Registration District No. 2894173
 (b) Township _____ Primary Registration District No. 5407 Registered No. 4
 (c) City Malden 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 Mandy Johnson 52.5

(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

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 James Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 8 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Delray City Ill
 FATHER 13. NAME Ed. Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 MOTHER 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) Gas. Johnson
Parma Mo. R. 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 1-31 1938
 19. FUNERAL DIRECTOR (ADDRESS) W. L. Craig
Malden Mo
 20. FILED 1-30 1938 S. E. Mitchell
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1938 to Jan 30th 1938
 I last saw her alive on Jan 16th 1938. Death is said to have occurred on the date stated above, at 12:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Broncho Pneumonia
 Date of onset 1/19/38
 Other contributory causes of importance: 110
 Name of operation none 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) S. E. Mitchell, M. D.
 (Address) Malden Mo
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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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
No.....or, by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)